

COUNTY OF AYR



ANNUAL REPORT

BY

THE MEDICAL OFFICER OF HEALTH

For the Year 1965

AND

THE SCHOOL MEDICAL OFFICER

For the Year 1964-65

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**To the Scottish Home and Health Department
and to the Ayr County Council.**

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the County of Ayr for the year 1965 together with the Report on the Medical Inspection and Treatment of School Children for the year ended 31st July, 1965.

HISTORICAL

The following is an extract from the 1893 Annual Report of the County Medical Officer of Health.

"The first case of smallpox was that of a furnaceman at the Lugar Iron Works, notified by Dr. Lawrence, Cumnock, on 23rd January. The man had been ill for about a week previously, but Dr. Lawrence's assistant, who attended him, did not at first suspect the serious nature of the disease. The patient had not been away from home for a considerable time before this, and the only way to account for the case is the possibility of tramps, who frequent the shelter or box at the furnaces, where the man was working, having carried the infection to him. When I saw the patient on the 24th January, he was well marked with the characteristic pocks, or eruption, and lying in bed in a house of one apartment in the centre of one of the "rows" at Lugar. Besides the patient, there were in this small dwelling his wife, five young children, and two lodgers. By this time he was refused admission into the Kilmarnock Smallpox Hospital, and no nurse could be obtained for him either locally or in any of the nursing institutions in Glasgow or Edinburgh. If a nurse had been found my intention was to isolate the patient in the hospital at Dalmellington. Through the kindness of Messrs W. Baird & Co. a row of cottages at Gaswater was obtained, the tenants in them being sent to another row. The whole of the inmates were removed to this improvised hospital, the lodgers being quarantined in a separate house, and the only person that could be got to act as nurse was the patient's wife, until she herself was laid up with smallpox on 4th February. The youngest child in the house, an infant of five months, was the only unvaccinated person, and I got him at once vaccinated. The other four children, who were all under ten years of age had well-marked scars of vaccination, so that

I did not consider it necessary to re-vaccinate them. Every other person that came in contact with the patient was re-vaccinated, with the exception of his wife and one of the lodgers. Neither of them could be prevailed upon to submit to the operation. Had the nature of the disease been detected earlier, it would probably not have spread to any other house. But by the time that there was no mistaking the disease several of the neighbours had visited the house, and had caught the infection, so that within a fortnight we had several new centres of smallpox in the village. It is interesting to state that the only one of the first patient's children who was attacked with smallpox was the newly vaccinated infant. This child had evidently received the infection a day or so before being vaccinated, as the smallpox eruption was out on it thirteen days later. The attack, however, was a decidedly modified and mild one. The mother of the infant was laid up with smallpox about the same time, and unfortunately succumbed to it. The remaining four children of this family all escaped, although they had been actually lying in the same bed with their smallpox-infected parents. Surely this is an object lesson for any person who is in doubt as to the usefulness of Jenner's discovery. Every new case of the disease which occurred in the village was promptly isolated in one of the temporary hospitals. The other inmates, where the cases occurred, were re-vaccinated and quarantined until all danger of infection had gone. Their bed and body clothes were burnt, and new clothing provided for them, before they returned to their cleansed and disinfected houses. In all, 11 cases occurred, two of whom died—the woman already referred to, and an unvaccinated infant in another family."

The foregoing description high-lights problems which give as much concern today as they did seventy-three years ago. The possibility of the first case in this type of outbreak being wrongly diagnosed is still true. Overcrowding still exists in minor degree in some areas of the County. Hospital provision for infectious cases is, generally speaking, now adequate since public health measures have been largely responsible for the prevention of such diseases. Hospital accommodation for many other conditions is, however, sadly lacking and there is a clamant need for additional nurses. The proof that vaccination prevents or modifies an attack of smallpox is clearly demonstrated and substantiated by the death of the mother who refused vaccination. In spite of this and much other evidence the anti-vaccinators are still with us and their ranks have now been joined by the anti-fluoridators.

Statistics

There are no wide variations from the figures of 1964. The estimated population and the number of live births are slightly

reduced while the number of deaths showed a small increase. The infantile mortality rate was the lowest ever recorded.

There was an increase of 40 on the number who died of cancer. Those dying of lung cancer numbered 122 (111 males, 11 females), an increase of 20 over last year's figure. There were an additional 42 deaths due to diseases of the circulatory system.

Control of Infectious Disease

No case of diphtheria or poliomyelitis occurred during the year. The notification of scarlet fever, dysentery and pneumonia were fewer. The sixty cases of pulmonary tuberculosis notified is the lowest on record ; there was, however, an increase of seven in the number of non-pulmonary notifications.

It is interesting to compare the incidence of infectious diseases with that of only thirty years ago (1935) before the universal use of the sulphonamide drugs and the introduction of immunisation. In that year there were notified as follows—scarlet fever, 1170 cases (9 deaths) ; diphtheria, 638 cases (53 deaths) ; cerebrospinal fever, 20 cases (8 deaths) ; erysipelas, 133 cases (6 deaths) ; typhoid, 14 cases (2 deaths) ; pulmonary tuberculosis and non-pulmonary tuberculosis, 164 and 85 cases respectively. Finally there were 19 maternal deaths.

Use of Clinic Premises

The use of the Council's Clinic premises by general practitioners and hospital staff continues to increase. Some eighteen clinics are so used and in one case general practitioner premises are used by us for child welfare purposes.

Until now clinics have been designed solely for County Council purposes, any free time and space being at the disposal of the general practitioners. As the local authority services are expanding and the request for accommodation by the general practitioners increasing, it is inevitable that difficulties in allocation arise. While there is no obligation on the Local Authority to provide accommodation for the general practitioner there is much to be said in favour of an all purpose unit. It may be, therefore, in future building that additional accommodation especially designed for the use of the general practitioner should be considered, provided a suitable financial agreement can be made.

Domestic Helps Service

This is an excellent if costly service with an annual expenditure of some £100,000. Eighty-four per cent of the cases receiving help are over sixty-five years of age and some fifteen per cent have had

the continuous services of a home help for over five years, the longest being seventeen years. This service goes a long way to meeting the ideal of keeping the aged in their own homes as long as possible and to that extent relieves the pressure on hospital geriatric beds. The efficiency of the Home Help Service depends to a great extent on the frequency with which the Organiser and her Assistants can visit the houses and meet the home help under working conditions. In this way home helps can be deployed to suit the needs of the householder and working time used to the best advantage.

With the present shortage of nurses, home helps are being encouraged to carry out minor nursing functions such as bed bathing under the supervision of the district nurse.

Specially selected helps deal with problem families and child care cases.

Accommodation for the Aging Population

The National Assistance Act, 1948, places a duty on Local Authorities to provide residential accommodation for persons who by reason of age or infirmity are in need of care. The County Council then acquired three mansion houses which were converted to the needs of persons who were essentially freely ambulant. Since then our thinking has changed and it is now accepted practice to keep the elderly ambulant within the community in old folk's houses provided by progressive housing authorities and aided, where necessary, by the provision of domestic helps, chiropody treatment, and meals, etc. As a direct consequence Welfare Authorities are having to make provision for the frail ambulant, that is those not fit to live an independent life in the community and yet not sufficiently incapacitated to require hospital care. The resulting need for additional staff, some with nursing training, has been largely overcome but the problems inherent in buildings non-purpose designed are more difficult of solution. With this in mind the Welfare Committee is considering building a sixty bed frail ambulant Unit as a first step to meeting the increasing demand for such accommodation from an aging population. The need for more hospital beds for the aged is equally pressing but this is, of course, a Hospital Board responsibility. In the meantime as good a working arrangement exists between the Geriatrician and myself as the common lack of beds will allow.

Mental Health

The numbers attending Senior Occupation Centres continue to increase. Plans have been completed for an extension to the Auchinleck Centre, but the need for more accommodation at the Kilwinning Centre is urgent. The provision of an Occupation Centre at Girvan is under consideration.

A highly successful holiday camp for those attending Occupation Centres was arranged at Ballantrae. The local school was used for the purpose and the staff of the various Centres supervised the activities.

The problems of mental illness, as distinct from mental defect, are much more difficult to resolve. Such cases are time consuming and lack of sufficient qualified staff adds to the difficulties. The regular meetings constituted at Ailsa Hospital between Hospital Staff and Local Authority personnel are proving of great benefit to all engaged in this particular aspect of the work.

Port Health Administration

The British Airports Authority took over responsibility from the County Council for the Nurses employed at Prestwick Airport; the Local Authority continues to be responsible for infectious disease control and inspection of aliens.

School Health Service

Dental Service.—The practice of inspecting the teeth of every child before offering treatment has been changed by the fact that most mouths require treatment together with the need to use dentists, who are in short supply, to best advantage. Each parent is now informed beforehand that his child's teeth will only be inspected provided he agrees to accept treatment should this prove to be necessary. In addition a check inspection is made of pupils in the first and last classes in the primary schools. This reorganisation has resulted in a marked increase in the number of children actually treated as shown in the following table ; the number of dentists being constant throughout.

	1962/63	1964/65
No. of Children Inspected	19,459	9,040
No. of Children treated	4,501	6,344
Fillings	13,128	17,577
Extractions	5,987	7,977

Medical Certificates

A number of housing authorities submit medical certificates to me for an opinion in support of housing applications. With no personal knowledge of the patient it is well-nigh impossible to give an accurate appraisal on a large proportion of these certificates. In the light of this situation Local Councils would be well advised

to give as much weight as possible to local knowledge of the applicants' circumstances and employ an element of reserve in judging medical certificates.

The Milk (Special Designations) (Scotland) Order, 1965

To anyone comparing the above Order with the previous Milk (Special Designations) Orders the administrative provisions would probably seem much the same, the chief difference being the new grades of milk 'Premium' replacing 'Certified' and 'Standard' replacing 'Tuberculin Tested.'

Basically this is true, but, from a working point of view, there the similarity ends, for the simple reason that, in the past, whole-sale milk producers were paid a gallonage bonus on the strength of their designated licence ; it followed that any producer, whose licence was suspended or revoked by the Local Authority because of the unsatisfactory sample results or faults in production methods, suffered an appreciable financial penalty.

With the advent of the Scottish Milk Marketing Board's Quality Testing Scheme, however, this bonus was dispensed with, producers thereafter receiving a pool price for their milk with deductions being made for poor keeping quality tests.

While appreciating the advantages of such a scheme with its weekly testing routine, one must not dismiss lightly the years of painstaking inspection, advice and sampling carried out by the Local Authority's Milk Officers who now find themselves at something of a disadvantage in the enforcement of the new Order for obvious reasons in that " he who pays the piper calls the tune".

It can be argued that ample powers are available to a Local Authority against an offending milk producer in the form of court proceedings for contravention of the Dairy Byelaws or by cancellation of registration in terms of the Milk and Dairies (Scotland) Act, 1914. In this respect, however, as with the suspension or revocation of graded licences, Ayr County Council has never adopted a harshly punitive attitude to farmers within the County, the emphasis being on the correction of faults and improvement of methods of milk production.

We are told in no uncertain manner that the Milk Marketing Boards are prevented by law from giving local authorities information about their test results. This is unfortunate in the extreme when both organisations should be striving together to ensure a pure, safe milk supply.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. ROUGHEAD,

Medcial Officer of Health.

County Buildings,

Ayr.

December, 1966.

STAFF

Medical Officer of Health, Welfare Officer and Chief Administrative
School Medical Officer—

JOHN A. ROUGHEAD, M.D., D.P.H.

Depute Medical Officer of Health—

JOHN S. JACKSON, M.B., Ch.B., D.P.H.

Senior Medical Officer—

ALICE K. MONTGOMERY, M.B., ChB., D.P.H., D.R.C.O.G

Senior Assistant Medical Officer—

KATHARIN I. KERR, M.B., Ch.B., D.P.H., D.C.H.

Consultant Psychiatrist—

A. McCLELLAND, M.B., Ch.B., D.P.M., D.P.H.
(Services made available by Regional Hospital Board).

Assistant School Medical Officers (also Child Welfare Medical Officers)—

EDNA COLLIE, M.B., Ch.B., (Resigned November, 1966).

MARION H. FRASER, M.B., Ch.B. (Appointed September, 1966).

AGNES M. HIGHET, M.B., Ch.B., D.P.H., D.R.C.O.G.

AGNES T. KENNIE, M.D., M.R.C.P.

HELEN L. KIRKWOOD, L.R.C.P. & S. (Appointed November, 1966).

HELEN J. G. MACKIE, M.B., Ch.B.

MARION K. MALCOLM, B.Sc., M.B., Ch.B. (Resigned April, 1966).

ELIZABETH M. PARK, L.R.C.P. & S., D.P.H.

Chief Dental Officer—

JAMES WILSON, L.D.S.

Assistant Dental Officers—

AGNES N. CARNEGIE, L.D.S.

DOROTHY E. CHATER, L.D.S.

PETER McG. GARDNER, L.D.S.

JAMES MESSER, B.D.S.

OLIVE MELVIN, B.D.S. (Appointed August, 1966).

HELEN W. PATTON, B.D.S. (Appointed October, 1965).

ALEXANDRA McLAREN, B.D.S.

JANE V. McCABE, B.D.S. (Appointed December, 1966).

AGNES J. PURDIE, L.D.S.

ELIZABETH J. ROUGHEAD, B.D.S. (Resigned April, 1966).

MONTGOMERY B. SIMPSON, L.D.S.

PATRICIA L. THOMPSON, B.D.S. (Resigned December, 1965).

THOMAS L. H. WIGHTMAN, L.D.S.

Consultant Orthodontist—

JOHN G. HOUSTON, L.D.S., H.D.D., D.D.O., R.F.P.S.
(Services made available by Regional Hospital Board).

DENTAL SURGERY ASSISTANTS 11.

County Nursing Superintendent—

MISS JESSIE M. B. McVICAR, R.S.C.N., R.G.N., S.C.M., H.V., Q.N.

Depute County Nursing Superintendent—

MISS SHEILA MacFARLANE, R.G.N., S.C.M., H.V., Q.N.

DISTRICT NURSE/MIDWIFE/HEALTH VISITORS	61
TUBERCULOSIS HEALTH VISITORS	4
OTHERS—FULL-TIME HEALTH VISITORS/SCHOOL NURSES ...	10
PART-TIME NURSES	22

Matron, Residential Nursery, Irvine—

MISS N. G. LEES, Princess Louise Certificate.

Matron, Residential Nursery, Kilwinning—

MISS HELEN GRANT, R.G.N., S.C.M., S.R.C.N.

Matron, St. Leonard's Home, Ayr—

MISS MARION MORRISON, R.G.N., R.F.N.

Audiometrician—

MISS JEAN B. THOMSON.

Home Helps Organiser—

MRS. MARGARET RAMSAY, M.B.E.

ASSISTANT HOME HELPS ORGANISERS 3

Chiropodists—

JOHN KERR, M.Ch.S., S.R.Ch., Chief Chiropodist.

MISS JUNE BUCHANAN, M.Ch.S., S.R.Ch.

MRS. NORAH M. HAMILTON, M.Ch.S., S.R. Ch. (Resigned June, 1966).

MRS. ELIZABETH HARVEY, M.Ch.S., S.R.Ch.

MISS ANNE M. HENRY, M.Ch.S., S.R.Ch.

MRS. JEAN HUME, M.Ch.S., S.R.Ch. (Resigned July, 1966).

ANDREW MOLESHEAD, L.Ch., S.R.Ch. (Appointed September, 1966).

JOHN M. MACKICHAN, M.Ch.S., S.R.Ch.

MISS MARIE MacDONALD, M.Ch.S., S.R.Ch.

MRS. JANE F. STOBIE, S.R.Ch.

Principal Welfare Services Officer—

STANLEY H. JOHNSTON, A.I.S.W., Certificate in Social Welfare.

Social Welfare/Mental Health Officers—

MISS JEAN W. CAMERON, Certificate in Social Science (Appointed July, 1966).

MRS. ANITA CAMPBELL, Certificate in Social Science.

MRS. INA J. JOHNSTON (Resigned June, 1966).

MISS ELIZABETH T. McTURK, B.A. (Appointed May, 1966).

MR. D. READER, Certificate in Social Science.

TRAINEE SOCIAL WORKERS—5.

Occupational Therapists—

MISS LEONARA WATERSON, Head Occupational Therapist.

SENIOR OCCUPATIONAL CENTRE INSTRUCTORS—15.

Clerical Staff—

Chief Clerk—OLIVER MUIR.

OTHER CLERICAL STAFF 21.

BURGH OF AYR

School Medical Officer—

R. L. LEASK, M.B., Ch.B., B.Sc. (P.H.), D.P.H., D.P.A.

Assistant School Medical Officer—

A. G. SKED, M.B., Ch.B., D.P.H.

School Nurses—

10 PART-TIME NURSES.

Clerical Staff—

1 PART-TIME CLERK.

BURGH OF KILMARNOCK

School Medical Officer—

DAVID H. PATERSON, M.B., Ch.B., D.P.H., D.R.C.OG.

Assistant School Medical Officer—

STEPHEN M. YOUNG, L.R.C.P., L.R.C.S., D.P.H.

School Nurses—

9 PART-TIME NURSES.

Clerical Staff—

1 PART-TIME CLERK.

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A.—VITAL STATISTICS

Population and Area.—The Registrar General has estimated the population of the Landward Area and Small Burghs to middle of 1965 as 253,156. This figure is 263 less than his estimate for 1964.

Births.—The live births registered after correction for transfers were 4,869, equivalent to a birth rate of 19.2 per thousand of population, as compared with 19.6 for the preceding year. The figure for Scotland was 19.3. The rates for previous years are :—

1931-35—Average Birth Rate	18.6
1936-40 " " "	18.2
1941-45 " " "	18.1
1946-50 " " "	19.7
1951-55 " " "	17.9
1956-60 " " "	18.7
1961-65 " " "	19.4

The number of still-births registered after correction for transfers during the year was 102, giving a rate of 21 per thousand total births. The rate for Scotland was 18. The number of still-births registered for a number of years past, with the corresponding rates per thousand total births, are as follows :—

	Still-Births	Rate per Thousand Total Births.
1941-45—Average	153	41
1946-50 " "	130	27
1951-55 " "	104	24
1956-60 " "	110	23
1961-65 " "	105	21

The details applicable to individual Burghs are given in Tables II and III.

Deaths.—The deaths registered after correction for transfers were 3,032, which is equivalent to a death-rate of 12.0, as compared with 11.3 in 1964. The Scottish figure was 12.1. The following are the figures for preceding years :—

1931-35—Average Death Rate	12.5
1936-40 " " "	12.8
1941-45 " " "	12.1
1946-50 " " "	11.3
1951-55 " " "	11.6
1956-60 " " "	11.3
1961-65 " " "	12.0

Tables I, II and III show the mortality in the County Area and Burghs during the year.

Infantile Mortality.—The number of infants under one year who died during the year was 105, equivalent to an infantile mortality rate of 22, compared with a rate of 23 in 1964. The following are the figures for previous years :—

1931-35—Average Infantile Mortality Rate	73
1936-40 " " " "	71
1941-45 " " " "	63
1946-50 " " " "	39
1951-55 " " " "	32
1956-60 " " " "	29
1961-65 " " " "	25

Of the total infantile deaths 84 (70 per cent.) occurred within the first four weeks of life.

The main causes of death were congenital malformations, 30 (29 per cent.), infections 7 (7 per cent.), injury at birth, post natal asphyxia atelectasis 26 (25 per cent.), and other diseases peculiar to early infancy 25 (24 per cent.).

Deaths from Tuberculous Diseases.—The deaths from respiratory tuberculosis were 3, giving a death rate of 0.01. Deaths from other forms of tuberculosis were 3, giving a death rate of 0.01. The corresponding figures for the previous year were 9 and 0 and death rates 0.04 and 0.00. The following are the average death rates per 1,000 population :—

	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Total.
1916-20—Average	0.79	0.44	1.23
1921-25 " "	0.52	0.28	0.80
1926-30 " "	0.45	0.24	0.69
1931-35 " "	0.38	0.19	0.57
1936-40 " "	0.36	0.13	0.49
1941-45 " "	0.37	0.17	0.54
1946-50 " "	0.33	0.09	0.42
1951-55 " "	0.15	0.04	0.19
1956-60 " "	0.05	0.01	0.06
1961-65 " "	0.036	0.006	0.042

Deaths from Pneumonia.—There were 50 deaths from pneumonia, equivalent to a death rate of 0.19. During the previous year the deaths were 43, equal to death rate of 0.17. The following are the average death rates from pneumonia since 1931 :—

1931-35 (Average) ...	0.67	1951-55 (Average) ...	0.27
1936-40 (Average) ...	0.63	1956-60 (Average) ...	0.25
1941-45 (Average) ...	0.46	1961-65 (Average) ...	0.25
1946-50 (Average) ...	0.34		

Deaths from Other Diseases of the Respiratory System.—There were 143 deaths, including bronchitis 107, recorded from this group of diseases, which includes all the diseases of the organs of respiration except pneumonia and pulmonary tuberculosis. These figures are equivalent to a death rate of 0.56, as compared with 0.52 in the previous year.

Deaths from Influenza.—The deaths due to influenza numbered 7, giving a death rate of 0.03. During 1964 the deaths were 7 and the death rate 0.03. The following are the average death rates from influenza since 1931 :—

1931-35 (Average) ...	0.48	1951-55 (Average) ...	0.08
1936-40 (Average) ...	0.28	1956-60 (Average) ...	0.07
1941-45 (Average) ...	0.08	1961-65 (Average) ...	0.05
1946-50 (Average) ...	0.08		

Deaths from Cancer.—The deaths from cancer were 541, an increase of 40 on last year's figure, equivalent to a death rate of 2.14, as compared with 1.98 in the previous year.

The following are the average death rates from cancer for a number of years :—

1931-35	1.28	1951-55	1.72
1936-40	1.48	1956-60	1.85
1941-45	1.58	1961-65	2.04
1946-50	1.63		

Cancer of the Lung.—This group includes primary malignant neoplasms of trachea, bronchus and lung. There were 122 deaths

from this cause (111 males and 11 females) as compared with 102 deaths (85 males and 17 females) last year.

Age.	<i>No. of Deaths from Cancer of Lung.</i>		<i>No. of Deaths from Cancer other than Lung Cancer.</i>	
	1965		1965	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Under				
1 Year	—	—	—	—
1—	—	—	—	1
5—	—	—	1	—
10—	—	—	—	—
15—	—	—	2	1
25—	1	—	6	3
35—	4	—	3	11
45—	9	2	17	26
55—	33	6	32	65
65—	45	—	66	76
75—	16	3	27	59
85—	3	—	8	15
TOTALS...	111	11	162	257

Childhood Cancers.—During 1965 the survey into childhood cancers and leukaemia being undertaken by Research Workers in Oxford continued and the field work was again carried out by the Local Authority Medical Staff.

Marie Curie Foundation.—The Local Authority acts as agents for this foundation in distributing welfare grants and arranging nursing services. Twelve cases were dealt with during the year at an approximate cost to the foundation of £330.

Deaths from Diseases of the Nervous System.—This group of diseases, which includes such causes as cerebral haemorrhage, apoplexy, etc., accounted for 571 of the deaths occurring in the area, being a death rate of 2.26, as against 2.14 in the preceding year.

Deaths from Diseases of the Digestive System.—The deaths were 78, equivalent to a death rate of 0.31, as compared with 0.34, in the preceding year.

Deaths from Diseases of the Circulatory System.—The number of deaths ascribed to diseases of the heart and other organs of circulation was 1,212, giving a death rate of 4.79, as compared with 4.62 in the previous year.

Deaths from Diseases and Accidents of Pregnancy and Parturition.—There was one maternal death during 1965. The rate was 0.2 per 1,000 births (live and still). The average maternal mortality rates for the County during the period 1931 to 1965 were as follows :—

1931-35 (Average).....	6.2	1951-55 (Average).....	0.3
1936-40 (Average).....	4.7	1956-60 (Average).....	0.5
1941-45 (Average).....	2.4	1961-65 (Average).....	0.2
1946-50 (Average).....	1.4		

Deaths from Accidents and Other Violence.—Deaths attributed to violence numbered 137 compared with 127 in 1964. Of these 14 were ascribed to suicide ; 41 to road transport accident ; 49 to accidents in the home and 33 to other forms of violence.

B.—LOCAL HEALTH AUTHORITY FUNCTIONS.

(1) Care of Mothers and Young Children.

(a) Expectant and Nursing Mothers. — The County Council provides a nurse and the premises for ten ante-natal and post-natal clinics in various centres in the County—the Doctor being provided by the Regional Hospital Board. All patients attending these clinics are booked for hospital, but a general practitioner may refer cases if he so desires. In addition, clinics are held at the Maternity Hospital, Irvine, by the Consultant Obstetrician. Mothercraft classes are held at five centres, namely, Prestwick, Ardrossan, Saltcoats, Kilwinning and Kilbirnie.

The following are the figures relating to Ante-Natal and Post-Natal Clinics in the form required by the Home and Health Department :—

(i) Ante-Natal and Post-Natal Clinics in Local Authority Premises:

	Number of Women who attended for :—	
	Ante-Natal	Post-Natal
	Examination	Examination
Number who attend during 1965	4,349	485
Number of above who were new cases ...	3,089	485
Number booked for hospital confinement	4,256	381

(ii) Number of Sessions held by:—

(a) General Practitioners	235
(b) Hospital Medical Staff	517
	<hr/>
	Total 752
	<hr/>

(iii) Mothercraft and Relaxation Classes :—

(a) Number attending mothercraft classes	78
(b) Number attending combined classes	269
(c) Total number of attendances	1,260

(b) Prevention of Break-Up of Families.—The families, where break-up of the home is threatened by lack of parental care, are visited by the District Nurse or social worker, when help, advice and instruction are given.

Where break-up of home is threatened by ill health or by the admission of the mother to hospital, Home Helps are supplied at very low cost or even free.

To prevent the break-up of families where the mother is either temporarily or permanently the bread winner, children under five are accommodated in the Residential Nurseries at low financial cost. The mother is encouraged to take the children home at the week-ends or whenever she is free and so continue family life in the home as much as possible.

(c) Child Welfare.—The Local Authority provides 44 Child Welfare Clinics at various Centres in the County. In populous areas these are held weekly, and in other areas fortnightly. A Medical Officer is in attendance at each Clinic. A list of these Clinic premises is given in Table IX.

The following are the statistics relating to Child Welfare Clinics in the form prescribed by the Home and Health Department :—

(1) Total number of sessions held in Local Authority Premises during the year—	
(a) By Medical Officers	1,208
(b) By Health Visitors	53
(c) By General Practitioners	64
	<hr/>
	1,325
	<hr/>

(2) Number of children attending the Clinics during the year and who on the date of their first attendance this year were—

Born 1965	3,990
Born 1964	3,009
Born 1960-63	2,619

(3) Number referred for treatment or advice—

	By Medical Staff	By Nurses
(a) Born 1965	119	295
(b) Born 1964	126	334
(c) Born 1960-63	76	339
	<hr/> 321	<hr/> 968

(d) Care of Premature Infants.—There is no special provision made for the domiciliary care of premature infants, because liaison with the hospital is extremely close and all premature infants can be admitted without delay, transport being by specially equipped ambulance.

The following table relates to premature births—

Weight at Birth.	Premature Live Births.										Premature Stillbirths				
	Born in Hospital.			Born at Home or in a Private Maternity Home.						Premature Stillbirths					
				Nursed entirely at Home or in a Private Maternity Home.			Transferred to Hospital on or before 28th day.								
	Died.			Died.			Died.			Born.					
	Total Births.	Within 24 hours of Birth.	In 1 and under 7 days.	In 7 and under 28 days.	Total Births.	Within 24 hours of Birth.	In 1 and under 7 days.	In 7 and under 28 days.	Total Births.	Within 24 hours of Birth.	In 1 and under 7 days.	In 7 and under 28 days.	In Hospital.	At Home.	In Private Maternity Home.
2 lb. 3 oz. or less ...	15	8	6	1	—	—	—	—	1	1	—	—	6	—	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	23	7	7	2	—	—	—	—	3	1	—	—	13	1	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	46	4	7	—	2	—	—	—	3	—	—	—	20	1	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	60	3	2	—	3	—	—	—	2	—	—	—	3	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	117	3	2	1	13	1	—	—	1	—	—	—	4	1	—
TOTALS	261	25	24	4	18	1	—	—	10	2	—	—	46	3	—

(e) Distribution of Welfare Foods.—To serve the County Area welfare foods are distributed from Centres in 50 towns and villages. Beneficiaries living some distance from a distribution centre can, however, by writing to the County Medical Department, have supplies sent to them by post.

During the years 1963 to 1965 the uptake of welfare foods throughout the County was:—

	1963	1964	1965
National Dried Milk	18,785	17,746	19,667
Cod Liver Oil	5,834	8,077	8,365
Vitamin "A" and "D" Tablets	2,128	1,573	1,246
Orange Juice	32,055	38,943	45,873

The sale of liquid 'Adexoline' from welfare food distribution centres was introduced on a trial basis in October, 1965. It is being issued as an alternative to Cod Liver Oil which parents are reluctant to give to their babies and young children. Adexoline which is a concentrate of vitamins A & D is dispensed in 8 ml. bottles (approximately 14 days supply) and is sold at the clinic at 10d. per bottle. The demand has been most encouraging. During October, November and December 1,121 bottles were issued at the various centres.

(f) Dental Care.—Dental examination and treatment is available on demand by expectant and nursing mothers. The demand during the last year has been mainly for dentures.

Due to staff shortages the pre-school age groups have not been covered in a systematic manner. Patients are usually referred by the District Nurse at the request of the Mother, although all residential nurseries are examined regularly. With adequate staff, the pre-school children could be examined regularly, thus laying a foundation for sound teeth in the years to come.

(g) Other Provisions.—(i) There are two Residential Nurseries in the County—the Moor Nursery, Irvine, and Fergushill Nursery, Kilwinning. Each has thirty places for children under five years of age. The Nurseries are primarily provided for the children of unmarried mothers who find it difficult to work and look after their children whom they wish to keep. Many of these children are cared for by their mothers at week-ends, thus maintaining the link with home. Other children are admitted because of the mother's illness or where it is necessary to immunise the infant against tuberculosis.

A charge of 5/- per week is made for the maintenance of a child and the mother is expected to provide clothing. In spite of the small charge many mothers are reluctant to provide sufficient clothing.

These Nurseries also train student nurses for the examination of the Scottish Nursery Nurses Association.

(ii) In the treatment of enuresis, an electric buzzer apparatus is supplied to suitable children recommended by the assistant medical officers, and although there are more than a dozen of these in use there is always a long waiting list of applicants.

(2) Use of Clinic Premises by General Practitioners and Hospital Board Personnel.

The policy of the County Council is to allow Clinic premises wherever possible to be used by Regional Hospital Board Medical Staff and by General Practitioners.

Clinics are used in this way at Annbank, Ardrossan, Beith, Catrine Cumnock, Dalry, Dalmellington, Drongan, Irvine, Kilbirnie, Largs, Mauchline, Maybole, New Cumnock, Ochiltree, Patna. Prestwick, Stewarton, Tarbolton and Troon.

(3) Midwifery.

The Domiciliary Midwifery Service undertook the care of 661 patients during 1965, as well as giving a great deal of service during the puerperium to 1,093 patients dismissed early from hospital. All Nurses are trained in administering gas and air, and are equipped with Minnitt apparatus.

In certain areas Part II Pupil Midwives receive domiciliary training under the supervision of District Nursing Sisters recognised as teachers by the C.M.B. All these District Nursing Sisters have had training in the use of Trilene Inhalers.

The following are the statistics regarding Midwifery, including those prescribed by the Home and Health Department :—

(1) Total number of Births occurring in the area during year—
corrected for mother's residence—

(a) Live Births	4,868
(b) Still Births	102

Total

4,970

(2) Total number of Births occurring in Institutions—

(a) Live	4,202
(b) Still	93

Total

4,295

(3) Total number of Births occurring at home—

Live	666
Still	9

Total

675

Eighty-six per cent of all the births occurred in Hospital.

Supply of Maternity Outfits. — 671 maternity outfits were supplied during the year to mothers for domiciliary confinement.

(4) Health Visiting.

An effort was made by the District Nurses to carry out routine health visiting of all children under five. In areas of nursing shortage, however, urgent medical cases have had to have prior attention with a consequent restriction of time devoted to health visiting.

The visiting of tuberculous patients in their own homes has been undertaken by a special staff of four Health Visitors. They are centred in Hospital under the direct supervision of the Chest Physician. This ensures integration of treatment and preventive services. In addition to this work these Health Visitors undertake regular visitation of geriatric cases at the request of the Consultant Geriatrician.

The following is the number of visits paid by Health Visitors during the year :—

	Number of cases	Number of visits
1. Expectant mothers	585	4,684
2. Children born in 1965	4,994	22,785
3. Children born in 1964	3,587	23,677
4. Children born 1960-63	14,379	43,556
5. School children	5,208	5,492
6. (a) Persons aged 65 and over	442	2,032
(b) Persons included above who were visited at the special request of a general practitioner or hospital	337	1,701
7. (a) Mental Health : care and aftercare	8	13
(b) Persons included above who were visited at the special request of a general practitioner or hospital	2	7
8. (a) Other hospital aftercare	19	102
(b) Persons included above who were visited at the special request of a general practitioner or hospital	5	61
9. Tuberculous households	1,371	4,566
10. Other infectious diseases	1	4
11. Other	—	—

(5) Home Nursing.

In areas where there is an acute shortage of District Nurses only the most urgent nursing care can be given. The type of work undertaken by Nurses includes domiciliary midwifery, care of mothers and babies during the puerperium of patients dismissed early from hospital, general care of old people, administration of

insulin and antibiotics, attendance at Child Welfare Clinics, School Clinics and School Inspections and Health Visiting. In spite of the provision of attractive well-furnished houses, domestic help and help with gardens, District Nurses are in very short supply. This shortage, coupled with time off on account of illness, holidays, etc., is straining the service to the utmost limits.

	Number of cases	Number of visits
1. Total number of persons nursed during the year	4,904	128,884
2. Number aged under 5 at first visit in 1965 ...	406	2,132
3. Number aged 65 or over at first visit in 1965	2,422	87,095

Nurses' Homes and Clinics.—The following have been approved and progress is indicated :—

Crosshouse.....Clinic.....Being built.
Darvel.....Clinic and Nurse's House.....At Planning Stage.

(6) Domestic Help Scheme.

Under the Council's Home Help Scheme which has been operating throughout the County since October, 1949, domestic assistance is given in circumstances of household difficulty owing to illness, old age or confinement. The numbers of households which have benefited from the Scheme during the past years have been as follows :—

1949 - 1953	478	1964	1143
1954 - 1958	851	1965	1184
1959 - 1963	1043		

At 31st December, 1965, the number of Home Helps employed was 319, and the number of families served 715. A table showing the areas in which these families resided and the duration of help given is appended. The number of hours' attendance is carefully adjusted to actual need and varies from six hours to forty-four hours weekly. The average is twenty-two hours weekly.

Of the 1,184 cases dealt with in 1965, 576 were aged 65 and over ; 373 received help on account of chronic sickness (all under 65 years of age) ; 61 maternity cases ; 5 mentally disordered cases and 169 because of short-term illness.

It will be observed from the table provided that at the end of the year the duration of help to 438 households (61 per cent.) exceeded one year and to 110 households (15 per cent.) exceeded five years.

The evening and all-night service, introduced in December, 1955, continues in operation. During 1965 18 cases received evening help, 12 night attendance, and 8 both evening and night attendance. The corresponding figures for 1964 had been 15, 4 and 3 respectively.

AYM COUNTY COUNCIL—HOME HELP SERVICE.

NUMBER OF CASES DEALT WITH DURING 1965 AND DURATION OF CASES SERVED AT END OF YEAR.

District.	No. of Cases at 31/12/64.	No. of New Cases Supplied with Helps during Year.	No. of Cases Completed during Year.	No. of Cases 31/12/65.	Duration of Cases Served at end of Year.						
					Over 5 Years.	Between 3 and 5 Years.	Between 2 and 3 Years.	Between 1 and 2 Years.	Between 6 Months and 1 Year.	Between 3 and 6 Months.	Less than 3 Months.
Annbank.....	5	4	2	7	1	1	1	1	1	1	1
Ardsross.....	35	16	17	34	5	6	5	9	5	2	2
Auchinleck.....	13	5	5	13	1	3	2	2	1	2	2
Ayr District.....	5	7	3	9	1	—	1	3	1	—	—
Beith.....	24	20	18	26	6	4	4	4	4	1	3
Cairn.....	14	10	5	19	1	1	4	3	3	2	1
Cumnock.....	19	16	14	21	5	4	5	3	3	2	3
Dalmellington.....	3	2	3	2	3	—	—	1	—	—	1
Dalry.....	26	10	10	26	8	6	2	4	2	3	1
Darvel.....	12	16	4	24	3	3	—	3	5	1	7
Dreghorn/Springside.....	10	6	5	11	2	2	—	—	1	—	—
Drybridge.....	2	—	—	2	1	2	—	—	—	—	—
Dundonald.....	5	1	—	4	—	—	1	1	—	1	—
Dunlop.....	2	2	—	4	—	—	—	1	—	—	—
Fenwick.....	16	9	3	22	1	5	2	6	3	1	4
Galston.....	17	21	21	17	2	2	2	3	3	1	2
Girvan.....	11	16	7	20	1	1	2	3	4	2	5
Hurlford.....	41	30	20	51	11	3	6	10	8	7	6
Irvine.....	30	17	20	27	4	5	7	4	3	4	2
Kilbride/Glengarnock.....	9	9	8	10	1	1	2	2	2	1	1
Kilmaurs/Crosshouse.....	30	29	27	32	2	8	—	9	5	4	4
Kilwinning.....	42	52	55	39	3	4	7	6	3	5	11
Largs.....	18	11	13	16	3	1	2	2	2	1	3
Maybole.....	11	5	6	10	3	2	1	2	1	1	1
Mauchline.....	24	6	6	24	6	6	3	4	2	3	1
Muirkirk.....	15	5	11	9	4	2	3	—	—	—	—
New Cumnock.....	10	17	12	24	2	3	2	6	1	7	3
Newmilns.....	5	6	3	8	—	1	2	—	4	—	—
Patna.....	32	39	33	38	4	3	3	7	8	2	1
Prestwick.....	67	49	57	59	11	11	8	6	8	11	11
Saltcoats.....	21	23	23	21	3	3	2	3	3	4	4
Stevenson.....	12	10	11	11	2	2	2	1	2	3	5
Stewarton.....	1	2	1	2	—	—	—	—	—	—	—
Tarbolton.....	39	40	28	51	9	11	5	9	5	1	7
Troon.....	17	18	15	20	2	4	3	4	2	3	2
West Kilbride.....	654	530	469	715	110	108	95	125	95	79	103
TOTALS.....											

(7) Vaccination and Immunisation.

(a) **Vaccination.**—It is now accepted that primary vaccinations should be done during the second year of life instead of at four or five months old as recommended hitherto. Vaccination is encouraged by the display of posters at Child Welfare Clinics and advice by District Nurses, Health Visitors and Clinic Doctors is given to encourage parents to have their children vaccinated.

Details of the vaccinations notified during the year are as follows :—

	<i>Primary Vaccinations.</i>	<i>Re- Vaccinations.</i>
(1) " Takes "	2,368	899
(2) " No Takes "	101	110
(3) " Not Examined "	21	7
TOTALS	2,490	1,016

Of the 2,490 persons who received primary vaccination, 115 (5 per cent.) were children born in 1965 and 1,441 (58 per cent.) were children born in 1964.

Of the total number of primary vaccinations 1,197 (48 per cent.) were carried out by the Local Authority's Medical Staff.

(b) **Diphtheria Immunisation.**—Every effort is made to maintain a high percentage of immunisation among infants and young children.

A health education birthday card is sent to parents of children at one year of age together with a letter explaining the benefits of immunisation to parents whose children are still not protected. The importance of protective inoculation is further stressed by poster display and medical and nursing advice.

School children during their first year may receive either two injections of diphtheria vaccine if they have not been protected in infancy or a single booster injection if they have. Consent forms are issued to the schools, for distribution to parents, for this purpose.

Of the total number of inoculations, 6,425 were performed by the Local Authority's Medical Staff.

DIPHTHERIA IMMUNISATION.

	<i>Primary Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-School Children	—	29
School Children	362	2,331
TOTALS	362	2,360

(c) **Combined Immunisation.**—The following were immunised using a multiple vaccine.

	<i>Primary Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-school Children :—		
Diphtheria, Whooping Cough and Tetanus	3,860	1,662
Diphtheria and Tetanus	1	33
School Children :—		
Diphtheria, Whooping Cough and Tetanus	13	171
Diphtheria and Tetanus	33	562
TOTAL	3,907	2,428

(d) Poliomyelitis Vaccination.—The following table shows the numbers in the various categories who received a primary course of immunisation during the year :—

<i>Age.</i>	<i>No. of Persons who have received :</i>		
	<i>Second Injection of Salk Vaccine.</i>	<i>Third Dose of Oral Vaccine.</i>	<i>Total.</i>
(a) Children born in 1965 ...	—	797	797
(b) Children born in 1964 ...	1	2,879	2,880
(c) Children born in 1963 ...	8	326	334
(d) Children born in 1962 ...	2	104	106
(e) Children born in 1961 ...	1	44	45
(f) Children and young persons born in years 1943-1960	—	274	274
(g) Young persons born in years 1933-1942 ...	—	47	47
(h) Others	—	69	69
TOTAL	12	4,540	4,552

In addition 22 persons received a third injection of Salk Vaccine and 36 persons, who within the previous twelve months had received two injections of Salk Vaccine, were completed by a dose of Oral Vaccine. This raises the number of persons fully immunised since the beginning of the scheme to 129,968.

Reinforcing doses of Oral Vaccine were given to 3,799 persons.

During the year there were submitted by general medical practitioners a total of 2,220 record cards. This figure comprises 12 persons vaccinated with two injections of Salk Vaccine, 1,773 who received a full course of Oral Vaccine, and 435 who received reinforcing doses of either Salk or Oral Vaccine.

(8) Prevention of Illness, Care and After-Care.

(a) **Tuberculosis.**—There were notified 61 cases of pulmonary tuberculosis and 21 of non-pulmonary tuberculosis. All but one case were confirmed.

Pulmonary Tuberculosis.—Of the 60 new cases of pulmonary tuberculosis 30 were males and 30 were females. Fifty-one of these cases received institutional treatment during the year.

The notifications for the years 1953-65 inclusive were 180, 168, 166, 168, 179, 147, 107, 105, 89, 84, 74, 69, and 60.

Including cases notified in previous years, 72 patients were admitted to Hospitals during 1965 as follows :—

Ayrshire Central Hospital, Irvine	57
Heathfield Hospital, Ayr	7
Others	8
	<hr/>
	72

There were 3 deaths.

Non-Pulmonary Tuberculosis. — The 21 new cases of non-pulmonary tuberculosis are classified as follows, according to the localisation of the disease :—

	No. of Cases.
Abdominal	2
Superficial Glands (Cervical)	10
Bones and Joints	4
Genito-Urinary Organs	4
Meningeal	1
Other	—
	<hr/>
	21

Twelve patients were admitted to Hospitals during 1964 as follows :—

Ayrshire Central Hospital	11
Robroyston Hospital	1
	<hr/>
	12

There were two deaths.

Preventive Care and After-Care.—There are four Tuberculosis Health Visitors. Although on the staff of the Medical Officer of Health these are centred at the Area Chest Clinics and work under the direct supervision of the Area Supervising Tuberculosis Physician, with whom a close liaison is maintained.

Hospital Service.—The following are extracts from the report of Dr. Boyd, Area Supervising Tuberculosis Physician :—

The annual crop of cases in Ayrshire has, at last, fallen short of 100. When one recalls that 20 years ago more than 300 cases of Pulmonary Tuberculosis were discovered annually it is pleasing to think that Tuberculosis, by the turn of the century, may no longer be a problem. This of course, can only come about if we continue to search diligently for the new infectious case and, having found this, ensure that treatment is thorough.

Now that we can cure a case of Tuberculosis we should not forget that the disease will remain unconquered unless we pursue a vigorous campaign in the field of prevention. In Ayrshire we are fortunate in having a Tuberculosis Service linked closely to the Local Authority Medical Departments, and the work in the field of prevention is now attracting the attention it deserves. In this direction it is pleasing to record that the number of parents giving consent to have their 13 year old children vaccinated with B.C.G. now exceeds 90%. This level of vaccination in the Community can be regarded as an effective one. The County average Mantoux positive figure among 13 year olds, however, is still at or around 10% and although this indicates a very marked reduction in the size of the infector pool, B.C.G. as a proven, protective vaccine must continue to be used until the risk of infection is minimal. (A 1% or less Mantoux positive figure among 13 year olds could indicate that this level had been reached). A case can be made out for more regular testing in earlier years, and for B.C.G. vaccination at the age of 11. In Ayrshire I feel this could be introduced without involving a big re-organisation of the School Health Programme, but before doing so a pilot Mantoux survey for 11 and 12 year olds would be helpful.

In Tuberculosis work it is a well known fact that the examination of contacts bring to light new cases. This work has placed an increasing load on x-ray departments in the County and so this year we have had to modify our arrangements slightly. As from January, 1966 we have introduced a scheme whereby we have restricted the number of x-ray examinations in the earlier years, but we still lay stress on the value of an annual x-ray during adolescence and indeed until the age of 25 years.

Domiciliary Treatment.—Cases suitable for treatment at home or awaiting admission to hospital were visited by the Tuberculosis Health Visitors, who paid 4,566 visits to 1,371 households.

These Nurses also give advice to patients regarding National Insurance and National Assistance entitlements, and grants from voluntary organisations.

Supply of Milk.—The number of free milk vouchers issued was 332, covering some 6,541 gallons of milk at an approximate cost of £2,076.

Bed and Bedding.—Articles of bedding were issued on loan to three patients.

	<i>On Loan at 31/12/64.</i>	<i>Issued 1965.</i>	<i>With- drawn 1965.</i>	<i>Written off.</i>	<i>Remaining on Loan at 31/12/65.</i>
Bedsteads.....	34	2	1	1	32
Mattresses.....	23	2	—	2	23
Blankets.....	25	3	—	6	22
Sheets.....	35	4	—	17	22
Pillows.....	18	3	—	7	14
Pillow Cases.....	42	3	—	21	24

Housing.—Many Housing Authorities within the County make an effort to re-house patients suffering from Pulmonary Tuberculosis of a communicable type. This preventive measure greatly minimises the spread of infection to other members of the family.

(b) B.C.G. Inoculation Scheme. — The B.C.G. Inoculation Scheme for children approaching school-leaving age, begun in 1953, has continued throughout the year, with the exception of the holiday period. As in previous years, children of approximately 13 years of age were selected as the most suitable group for this purpose.

Information concerning the details of the project were circulated to parents of all the children concerned and consent obtained in a large majority of cases. This group received a preliminary injection into the skin of the forearm in order to demonstrate whether or not they had acquired a degree of immunity to tuberculosis by natural means. Those showing no reaction 72 hours after the initial injection were given B.C.G.. The positive reactors were assessed and those showing a strongly positive reaction immediately referred to the Chest Physician for further examination. Those children whose reaction was considered to be within normal limits were subsequently x-rayed as a routine measure.

The relevant figures for the past three years are as follows :—

B.C.G. Vaccination.

SCHOOL CHILDREN.

	1963	1964	1965
Number in Age Group	4,024	2,566	4 719
Consents	3,711	2,429	4,420
Percentage	92%	95%	94%
No. actually Mantoux Tested ...	3,685	2,423	4,335
Positive Response	382	221	420
Percentage	10%	10%	10%
Negative and given B.C.G. ...	3,303	2,197	3,857
Percentage	90%	90%	90%

The percentage of positive reactors to the Mantoux Test showed a marked decline from the initial years of the Survey, when the relevant figures were as follows :—

1953	32%	1958	14%
1954	20%	1959	13%
1955	25%	1960	13%
1956	16%	1961	12%
1957	16%	1962	13%

Statistics for the year 1965, in the form required by the Home and Health Department, are :—

	<i>Tuberculin Tested.</i>		<i>Negative Re-actors.</i>		<i>Vaccinated during 1965</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(1) Nurses	3	88	1	14	1	12
(2) Medical Students	—	—	—	—	—	—
(3) Contacts	139	115	130	106	237	200
(4) Special Groups not included in (1) to (3) above—						
(a) School (13 yrs) ...	2195	2140	1929	1928	1929	1928
(b) New Born Babies	—	—	—	—	—	—
(c) Students	—	—	—	—	—	—
(5) Others	1	1	1	—	1	—

(c) Mass Radiography.—The services of the Lanarkshire Unit have been readily available during the year to x-ray selected groups of the population. These included factory workers, teachers, students, nurses, school meals staff and mantoux positive school children who had been tested as a routine measure in the 13 year age group. The Unit visited the I.C.I. Factory, Ardeer, Prestwick Airport, Auchincruive College, Ravenspark Hospital and a number of other workshops and offices.

The total number x-rayed were comprised as follows :—

Factory and Workshop employees	5,362
School Teachers	1,536
Students	164
Mantoux Positive School Children	296
Prestwick Airport Staff	482
Nursing Staff	52
School Meals Staff	241
Ravenspark Hospital (Patients)	170
Government Offices	125
General Public	134

8,562

These surveys brought to light 5 cases of active pulmonary tuberculosis and 6 requiring further observation.

(d) Epileptics and Spastics.

Seven epileptic cases are resident in the colony at Bridge of Weir.

There are 124 children in the County area who suffer in varying degree from cerebral palsy. These can be divided into different categories as follows:—

Thirty-six spastic children whose intelligence is sufficiently unimpaired (though their physical handicaps vary widely) attend ordinary schools.

Of those who are mentally or physically handicapped to such a degree as to require education in Special Schools, 14 are accommodated within the County (including 2 resident pupils at St. Leonard's Home), 15 are resident in Special Schools outwith the County, 1 receives tuition at home on account of severe physical disability, 7 are under observation at home until a final assessment can be made, and one is awaiting admission to a Special School. There are 11 known spastics among the pre-school children.

There are 39 ineducable spastic children, 12 of whom are in Certified Institutions, 9 at home and 18 in Occupational Centres. Some of these are on the waiting lists for admission to suitable institutions.

A close liaison exists between the Medical Department and the local Orthopaedic Specialists. Practically all spastic children are under their supervision and, where necessary, are referred to them by the School Medical Officers for further physical assessment and treatment. Speech therapy can be undertaken at the request of the specialist for any of these cases which are considered suitable by the Organiser of the Child Guidance Service. Information regarding Intelligence Assessments is made available if desired.

A part-time Physiotherapist is employed by the Local Authority. Her work concerns physically handicapped children at Park School, Kilmarnock and St. Leonard's School, Ayr. Two half-day sessions per week are undertaken at each place.

The Scotsraig Committee of the Scottish Council for the Care of Spastics continues to operate a Mobile Physiotherapy Unit which provides treatment for severely physically handicapped children at their homes.

(e) Convalescent Home Provision.—This Local Authority does not maintain a convalescent home in its area. The only existing arrangement with a voluntary organisation is with the Saltcoats Mission Coast Home to which an annual donation

is made by the Local Authority and in return two subscribers' lines are given each year for the admission of suitable cases selected by the County Medical Officer.

(f) Chiropody.—The Service has continued to meet increased demands with some difficulty partly on account of delay in filling a vacancy on the staff and partly due to the general increase in patients. The number of full-time Chiropodists employed by the County Council is now eight.

The Service in the Girvan area is conducted by the employment of a private practitioner on a sessional basis: this arrangement has been in operation for a number of years and has functioned very satisfactorily, the number of sessions operated being 14 per month covering Girvan, Colmonell, Barr and Barrhill.

The Service in the Irvine Valley area is arranged on a similar basis, the local chiropodist being engaged to operate 20 sessions per month.

The Largs branch of the Red Cross Society continues to operate a chiropody service for the benefit of elderly residents in the area which includes West Kilbride, Fairlie and Skelmorlie. It is complementary to that provided directly by the County Council from which it receives an annual grant.

These arrangements on the fringes of the County enable the full-time staff to concentrate on the central areas and save much travelling time.

The Service is restricted to the elderly people in the community who would not otherwise be able to receive that attention to their feet which is necessary to their welfare. The chiropodists operate mainly at fixed clinics at regular intervals so that as many cases as possible may receive attention at each three-hourly session. Domiciliary care is restricted to those who are unfit to attend the clinics. In most areas Local Authority clinic premises are available; elsewhere they are rented from various local organisations. Since its inception 10 years ago the chiropody service has gradually extended to meet the needs of an increasing number of elderly patients who are incapacitated in varying degrees by foot ailments. The service is now available in all areas of the County. Treatment is provided free of charge and with a few exceptions is confined to people of pensionable age.

New patients are usually referred for treatment by local doctors and nurses or through local Old People's Associations but some apply directly. A register of patients who have received an initial treatment is maintained and each receives a card bearing the date and time of their next appointment. The principle of close association with local Old Peoples' Welfare organisations has been maintained as the chiropody service has expanded and represen-

tatives from these have been of great help in advising on the needs of their areas and by assisting at the clinic sessions.

Regular Clinics have been established as indicated below and periodic visits are made to Old Peoples' Homes. A certain amount of domiciliary visiting is undertaken as circumstances permit.

Clinics—

Annbank, Ardrossan, Auchinleck, Ballantrae, Barr, Barrhill, Beith, Catrine, Colmonell, Crosshouse, Cumnock, Dalmellington, Dalrymple, Dalry, Darvel, Dreghorn, Drongan, Dundonald, Dunlop, Galston, Girdle Toll, Girvan, Hurlford, Irvine, Kilbirnie, Kilmaurs, Kilwinning, Knockentiber, Logan Toll, Mauchline, Maybole, Monkton, Muirkirk, New Cumnock, Newmilns, Netherthird, Ochiltree, Patna, Prestwick, Saltcoats, Springside, Stevenston, Stewarton, Tarbolton and Troon.

Domiciliary Districts—

Crosshill, Dailly, Dunure, Fenwick, Gatehead, Kirkoswald, Maidens, Straiton and Symington.

Old People's Homes—

Birkenward House, Skelmorlie ; Lainshaw House, Stewarton ; Largs Home, Largs ; Nether Auchendrane, by Ayr ; Dunselma, Fenwick (Church of Scotland) ; Haylie House, Largs.

During the year the County Chiropodist attended 5,197 patients and gave 18,139 treatments ; this compares with 4,884 patients and 18,183 in the previous year. In addition the private practitioner at Girvan gave 556 clinic treatments and 170 domiciliary treatments during the year. In the Irvine Valley Area 1,226 treatments were given at clinic sessions and 373 domiciliary visits were paid.

In the Largs area 1,010 treatments were given; 709 of these were at clinics and 302 were domiciliary cases.

Visits to Old Folk's Homes resulted in 148 treatments being given at Haylie House, Largs, 102 at Birkenward House, Skelmorlie and 15 at The Largs Home, a total of 265 in the year.

(9) Control of Infectious Diseases.

(a) Diseases Notified under the Infectious Disease (Notification) Act, 1899, and subsequently confirmed.—

Smallpox.—No case occurred of this disease.

Diphtheria (including Membranous Croup).—For the fourteenth successive year there were no cases of Diphtheria.

The following are the cases and the deaths since 1939, grouped, in five year periods :—

					Cases.	Deaths.
1939-1943	...	...	...	...	2,361	75
1944-1948	...	...	...	...	867	28
1949-1953	...	...	...	...	9	1
1954 to date	...	...	...	...	Nil	Nil

The Diphtheria Immunisation Campaign began in 1936.

Erysipelas.—The number of cases was 1, compared with 6 in 1964. There were no deaths.

Scarlet Fever.—During the year there were 31 cases of Scarlet Fever, compared with 73 in the previous year. The cases were of a mild nature.

Enteric Fever (including Typhoid and Paratyphoid Fever).—Seven cases of Paratyphoid B Fever occurred, four of which were in a hospital geriatric unit. Fortunately the disease was of a mild nature.

No case of Typhoid Fever occurred.

Puerperal Fever.—No case has occurred since 1959. The following are the cases and deaths since 1945, in five-yearly periods :—

					Cases.	Deaths.
1945-1949	...	...	...	...	44	1
1950-1954	...	...	...	...	5	1
1955-1959	...	...	...	...	2	—

(b) Diseases Notified in terms of Regulations of the Scottish Home and Health Department and subsequently confirmed.—

Puerperal Pyrexia.—No case was notified.

Cerebro-Spinal Fever. — One case occurred compared with four cases in the previous year. There were no deaths.

Poliomyelitis.—During the year there were no cases of Poliomyelitis.

The following are the cases and deaths since 1955, grouped in 5 year periods.

	Cases	Deaths		Cases	Deaths
1955-1959	78	6	1960-1964	7	—
1965	—	—			

Dysentery. — There were 78 cases notified during the year compared with 94 cases in the previous year. There was no major outbreak.

Ophthalmia Neonatorum.—No case occurred. The last case recorded was in 1954.

Acute Influenzal and Acute Primary Pneumonia.—The numbers were of the former Nil and of the latter 113. During the previous year the numbers were Nil and 120 respectively.

Malaria.—No cases occurred.

Infective Jaundice (*Spirochaetosis icterohaemorrhagica*).—This disease did not occur. Nothing was recorded in the previous year.

Whooping Cough.—There were 2 cases notified during the year, compared with 19 cases in the previous year.

Food Poisoning.—No cases were notified.

(10) Mental Health Service.

(a) Mental Patients—The Mental Health Officers dealt with three male admissions to the Mental Hospital during the year.

(b) Mental Patients under guardianship — Mental Patients under guardianship receive a minimum of four visits yearly by the Mental Health Officer and the Responsible Medical Officer on behalf of the Local Authority. They are visited periodically by Medical Commissioners from the Mental Welfare Commission.

The following are the particulars of County Mental Patients in the care of Private Guardians as at 31st December, 1965 :—

In Private Guardianship

	With Relatives.	With Strangers.	Totals.
Mental Defectives—			
Within the County	11	5	16
Outwith the County	2	8	10
Totals at 31st December, 1965	13	13	26
Totals at 31st December, 1964	13	13	26
	Males.	Females.	Total.
Number of Defectives admitted to			
Institutions during the year	4	2	6

Under the extended powers of the Mental Health (Scotland) Act, 1960 a total of 452 mentally handicapped persons (males 270, females 182) were informally supervised. In addition a total of 78 persons (males 42, females 36) were visited and found not to be requiring further supervision for a variety of reasons, either working satisfactorily, married, left district or admitted to Institutions.

A Holiday Camp at Ballantrae was arranged for the mentally handicapped attending the County's four Senior Occupational Centres during the month of July. 48 Ayr County : 14 Ayr Burgh : and 9 Kilmarnock Burgh attended.

(11) Relative Cost of Individual Health Services.

<i>Service.</i>	<i>Gross Cost, 1965-66.</i>	<i>Relative Percentage Cost.</i>
Care of Mothers and Young Children (including Residential Nurseries and Priority Dental Service)	£87,887	21·6%
Nursing Service (Midwifery, Health Visiting and Home Nursing)	135,520	33·4%
Vaccination and Immunisation	4,939	1·2%
Prevention of Illness—Care and After-Care (Tuberculosis, Epileptics, Chiropody, Equipment)	25,281	6·2%
Home Help Service	105,851	26·1%
Control of Infectious Disease	756	0·2%
Port Health Administration	5,763	1·4%
Mental Health	18,653	4·6%
Milk Officers	9,032	2·2%
Sundry Expenditure	12,623	3·1%
	£406,305	100%

C.—PORT HEALTH ADMINISTRATION.

Seaports.—No special problems arose in connection with the administration of the Public Health (Ships) (Scotland) Regulations, 1952, at Ardrossan, Irvine and Troon. In no case was it necessary to detain a ship.

None of our three seaports is approved for the issue of deratisation certificates.

Airport.—At Prestwick Airport the work of the Port Medical Officer and the Medical Inspector of Aliens was carried out as in previous years.

D.—FOOD SUPPLY.**Milk (Special Designations) (Scotland) Orders, 1951 and 1965**

On 19th April, 1965 fresh legislation in the form of the milk (Special Designations) (Scotland) Order, 1965 came into operation. The main alteration brought about by this enactment is the introduction of two new designations, Premium and Standard, for raw milk and the withdrawal on 31st December, 1965 of the designations Certified and Tuberculin Tested. At the close of the year only three producers had applied for and obtained Premium licences.

Throughout 1965 sampling and testing of designated milks produced on dairy farms within the County was carried out in accordance with the provisions of the Special Designations Orders and the prescribed plate count and coliform test results may be summarised as follows :—

<i>Designation. Producers at 31/12/65</i>	<i>No. of Samples.</i>		<i>No. of Producers with</i>					<i>Percentage Failures.</i>
	<i>Taken.</i>	<i>Failing.</i>	<i>1 Failure.</i>	<i>2 Failures.</i>	<i>3 Failures.</i>	<i>4 or more Failures.</i>	<i>4 or more Consecutive Failures.</i>	
Certified ...	22	160	30	10	6	1	1	18.75%
Tuberculin Tested ...	1268	7080	1251	299	195	107	56	16.28%
Premium...	3	9	2	—	1	—	—	2.2%

By comparison with the figures for previous years, it is clearly evident that a definite increase has occurred in the percentage of samples failing to meet the bacteriological standard. At first glance, it might be concluded that milk produced on our dairy farms during 1965 was of a lower standard than that produced the previous year and in this instance blame might be attributed to modern dairying methods and chemical sterilisation. Such conclusions would be entirely erroneous, for with the advent of the new Special Designations Order, the procedure specified for testing samples now requires a 72 hour incubation period in lieu of a 36 hour period specified by the previous Order. One should also bear in mind that these figures relate more or less entirely to Certified and Tuberculin Tested milk and a higher incidence of failure is to be expected in the coming year, particularly since the bacteriological standards set for Premium are twice as high as for Certified and that for Standard four times as high as for Tuberculin Tested.

While the decrease in the number of samples taken is due to a further reduction by 50 in the number of milk producers, the percentage of samples taken has in fact increased by 0.3%.

As a result of recurrent sample failures combined with faulty production methods, it was necessary to report three producers to the Health Committee. One producer received a letter of warning, another had his T.T. licence suspended but has now managed to secure its re-issue while a third had his Certified and T.T. licences suspended after confirmation on appeal to the Secretary of State; this latter producer has now stopped dairying. During the year 1544 farm inspections were made and also 60 milking inspections making a total of 1,600 farm visits.

Bulk Storage and Collection of Milk.—By some remarkable coincidence 139 bulk milk storage tanks were installed during 1965—exactly the same number as in the previous year. However in this same period four farms equipped with bulk milk tanks ceased dairying and the total number of tanks installed is now 552.

While the results of routine milk samples taken from bulk milk tanks are included in the general analysis of T.T. milk the following table relates entirely to samples taken from bulk tanks:—

Year.	No. of Farms.	No. of Samples.		Percentage of Failures.	No. of Failures due to			Percentage of Failures due to Coliform Only.	No. of Samples Giving a Bacterial Count			
		Taken.	Failing.		High Count Only.	Coliform Only.	High Count & Coliform.		Under 100,000	Over 200,000	No.	%
1963 ...	279	1474	150	10.2	20	111	19	74	1405	95.3	39	2.2
1964 ...	417	1880	252	13.4	39	173	40	68.6	1754	93.3	79	4.2
1965 ...	552	2672	497	18.6	26	429	42	86.3	2511	94	68	2.5

The increase in general sample failures is accentuated here and again the percentage increase of 5.2% is attributed mainly to the longer incubation period required before assessment of results. Undoubtedly, in many instances these figures could have been improved upon if only more care and attention had been paid by producers to the handling of milk and sterilisation of equipment. Mechanisation of the dairying industry has led to a reduction in the number of hands employed on most farms but producers must remember that in the same fashion as the tractor which has so effectively replaced the horse must be serviced and have its moving parts kept free from dirt, the pipeline and bulk tank must also be kept clean and bacteria free otherwise it will become increasingly difficult to produce clean milk.

Pasteurised Milk.—By the close of the year two of the five pasteurising dairies had dropped out of business. One discontinued pasteurising on 31st January, 1965 and the other closed in the Spring of the year after purchase by a national firm. Of the three plants remaining two are equipped with H.T.S.T. pasteurising plants while the third has two batch pasteurisers, which are rather old fashioned in this day and age. Fifteen samples were taken from the dairies where the H.T.S.T. plants are in use and all were found to be satisfactory. On the other hand 14 samples were taken from the dairy utilising batch pasteurising plant. The high rate of sampling recorded in this particular instance is undoubtedly due to a sample failure during January the result of the Phosphatase Test being 6.0 Lovibond Units ; fortunately this was the only failure recorded at this plant and in fact the only failure throughout the year.

Milk Sold by Retail.—Since Certified Milk is sampled frequently at the farm, on production and the milk processed by the pasteurising depots is sampled there, the greater portion of samples taken from retailers was of the T.T. designation. Although slightly fewer samples of retail milk were taken than in the previous year an increase in the number of samples failing is noted. This is again due to the more stringent laboratory test now imposed and in the end can only benefit the consumer. Sample results are shown in the following table :—

Milk Sold by Retail.

<i>Grade of Milk.</i>	<i>Samples Taken.</i>	<i>Number Failing.</i>
Certified 	3	—
Tuberculin Tested ...	140	24
Pasteurised	28	6

As in previous years the efficiency of washing equipment and bottles on farms and the smaller retail dairies was checked and approximately 1852 swabs, 779 rinses and 90 washed bottles were sent for laboratory examination.

Milk-in-Schools Scheme.—School milk was supplied daily to 139 Local Authority and 8 Private Schools in the landward area of the County and in the small burghs under the Milk-in-School Scheme.

With the exception of seven schools in the Southern part of the County (Ballantrae, Barrhill, Colmonell, Kildonnán, Pinmore, Pinwherry and Straiton) where supplies of pasteurised milk are not readily available and either Certified or T.T. milk are supplied by local dealers all the schools in the County received pasteurised milk supplies. For this purpose, pasteurised milk was obtained from creameries in Ayr, Cumnock, Kilmarnock, Kilmaurs, Saltcoats and Greenock.

Samples were taken from the various supplies at intervals during school terms and the results are as follows:—

Summary

<i>Grade of Milk.</i>	<i>Samples taken.</i>	<i>Samples failing.</i>
Pasteurised	28	5
Tuberculin Tested ...	13	2
Certified	3	1

Public Health Aspect of the Milk Supply

Intimation was received from the Divisional Veterinary Officer of the Department of Agriculture and Fisheries for Scotland in October, 1965, that as a result of a post-mortem examination salmonella typhi-murium had been isolated from the gall bladder of an Ayrshire calf found dead on a farm in the Kilmarnock area. An immediate investigation was instituted as there was some concern as to the health of the dairy herd. Fortunately this proved to be an isolated infection as samples of milk from the herd proved negative.

The Milk Officer for the area noted that some of the cows on a farm in the Southern part of the County were giving abnormal milk and submitted samples for bacteriological examination. Of eleven samples submitted four were found to contain colonies of staphylococcus pyogenes, a food poisoning organism. The pro-

ducer concerned was written to and warned to exclude the milk from the affected cows from the bulk supply dispatched from the farm for human consumption.

Seven cases of teat infection of the cow-pox type were noted in herds in the Beith, Crosshouse, Darvel, Kilmarnock, Mauchline and Symington areas. Although these were very mild cases, the dairymen concerned were notified and after effective measures had been taken to treat the animals affected, the infection cleared up in a fairly short time.

E—WELFARE SERVICES

(1) National Assistance Act, 1948

Section 21 — Residential Accommodation.

The County Council maintains four Homes for old people in the County—Birkenward House, Skelmorlie; Lainshaw House, Stewarton; Largs Home and Nether Auchendrane House, near Ayr, with in addition Residential Accommodation at Ayr Welfare Home and Ravenspark Hospital, Irvine.

	<i>Birkenward.</i>		<i>Lainshaw.</i>		<i>Largs.</i>	<i>Nether Auchendrane.</i>		<i>Ravenspark Hospital, Irvine.</i>		<i>Welfare Home, Ayr.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. Admitted from 15/5/65 to 15/5/66 ...	0	11	10	20	11	7	9	35	28	33	26
No. Discharged from 15/5/65 to 15/5/66 ...	0	10	10	19	8	6	7	35	26	29	25
No. of Beds occupied 15/5/66 ...	7	19	13	25	6	11	17	76	39	25	23
Total No. of Beds	7	20	14	27	6	12	17	No	specified	no.	

At the end of the year all Homes were fully staffed :—

	Supervisor	Housekeeper	Cook	Maids	Gardener/ Handyman
Birkenward	1	1†	—	3+1*	1
Lainshaw	2	1	1	8+1*	1
Largs	1	—	—	2*	—
Nether Auchendrane	2	1	1	6	1

† Acts as Cook.

* Part-time.

In addition 17 males and females were accommodated in Voluntary Homes and 4 persons in other Authority Homes.

Number of maintenance days at :—

	Male	Female	Total
Birkenward House, Skelmorlie	2,555	6,624	9,179
Lainshaw House, Stewarton	4,646	9,462	14,108
Nether Auchendrane House, by Ayr	4,005	4,900	8,905
Largs Home, Largs	0	1,826	1,826
Ravenspark Hospital, Irvine	26,975	13,480	40,455
Welfare Home, Ayr	8,694	12,748	21,442
Voluntary Homes and Other Local Authority Homes	12,045	12,369	24,414
	58,920	61,409	120,329

Section 29—Welfare Services to the Handicapped.

Blind Persons.—The Annual Report on the Domiciliary Blind shows that the number of registered blind in the County area was 319, the number of visits paid to blind persons in their homes was 1,287. Visits to N.A.B. Offices, Welfare Offices, etc. amounting to 218 were paid and the number of lessons given in classes 461. Lessons included the teaching of Braille, Moon, Nytrim, Seagrass Bags and Stools, Lampshades, etc. The average number attending weekly classes was 320. The number of Socials held during the year was 15 and the average number attending was 105. The annual outing took place to Millport and over 120 blind persons attended and an outing for the deaf-blind was held in June. The blind school children from all areas in the West of Scotland were taken to Belleisle House, Ayr, for lunch and tea and enjoyed an afternoon on the beach. Bowlers from the West of Scotland including a joint team from Ayr Burgh and Ayr County were guests at Crooksmoss Bowling Green, and competed in an Annual Tournament for the Silver Rose Bowl presented by Whitletts Community Centre. The Finals of the National Bowling Tournament were held in Aberdeen and a team from Ayr County took part in the preliminary rounds.

Deaf and Dumb Persons.—The County Council delegates the functions with regard to the Welfare of the Deaf in Ayrshire to the Ayrshire Mission to the Deaf and Dumb.

The Annual Report shows that there are 191 deaf persons on the County Register and that 511 visits were made during the year by the Missioner. This number includes 76 visits to the sick. Visitation of the deaf has been maintained during the year which necessitated intensive work owing to the recent illness of Mr Gallo-way, the Missioner, who has now made a satisfactory recovery. Regular Sunday Services were carried out at the four centres—Kilmarnock, Ayr, Catrine and Kilwinning throughout the year and

Holy Communion was dispensed in May, June, November and December. There were two baptisms during the year, one marriage and two deaths. Demands for financial assistance were not in any way increased during the year. The employment situation is very satisfactory and there are no employable unemployed on the register.

Recreation.—The syllabus of meetings for the winter was carried through successfully and there was notable successes in bowling and chess in the national competitions. The annual re-union of the deaf which was held at the Grand Hall, Kilmarnock, on Saturday, 28th March, was presided over by their Chairman, Ex-Provost W. B. Gilmour, who was accompanied by Mrs Gilmour and members of the Board of Management. There was a company of 170 and a very enjoyable evening was spent. The ladies guild meet throughout the winter under the Convenership of Mrs. Galloway and did very useful work, the attendance being excellent throughout the session.

Hard of Hearing Persons.—The Ayr and District Hard of Hearing Club still continues to flourish and regular meetings are held throughout the winter. Instruction is given in lip-reading and a varied social programme is organised.

Welfare Services to Disabled.—The number of registered disabled persons stands at 355 males and 402 females. Regular visitation is maintained and adaptations made to houses and aids provided where necessary.

Shown below is a table of the number of aids provided to physically handicapped persons within the County :—

Interior Aids	Ramps	Access Pathways	Handrails	Misc.
22	11	5	57	7

Centres for the physically and mentally handicapped continue as last year and the average numbers attending the Centres are as follows :—

Handicap	Kilwinning	Ayr and District	Auchinleck	Kilwinning
Physical	23	—	42	—
Mental	45	21	16	7

During the year the Centres continued to be supported by local people and many generous donations were received. Summer outing and Christmas Parties were arranged by every Club.

During the year three severely physically handicapped persons were sponsored for Red Cross Holidays at Kings Knoll, North Berwick. The Council maintains two severely physically handicapped people in the Cheshire Foundation Home for Chronic Sick at Carnsalloch, Dumfries and eleven physically handicapped young

people in residence and training at Red Cross House, Largs ; one being employed in the Sheltered Workshop. Two epileptics are provided with training at the Scottish Epilepsy Workshops in Glasgow and one is maintained in the Hostel run by the Church of Scotland. Eight were accommodated for treatment and training in the Colony for Epileptics at Bridge of Weir.

St. Quivox Senior Occupational Centre, by Ayr was officially opened on 2nd April, 1965 by Mr. Daniel Sim, County Convener. This Centre has proved to be very successful and there are 21 County and 22 Ayr Burgh mentally handicapped persons attending the Centre which is staffed by four full time and two part time Instructors. Many donations have been received by St. Quivox and this money has been used for the benefit of the pupils.

Welfare of the Aged.—There are 43 Old People's Welfare Committees in the County.

Co-operation between Local Old People's Welfare Committees and Women's Voluntary Service Centres continues to be maintained for the provision of Meals on Wheels Services. Shown below is a Table giving number of meals provided throughout the County.

	<i>Approximate number of meals supplied.</i>	<i>Approximate number of persons receiving meals.</i>	<i>Number of days on which meals are supplied.</i>
Ardrossan ...	2,720	13	5
Cumnock ...	2,548	26	2
Darvel ...	2,490	25	2
Dreghorn ...	1,360	21	1
Girvan ...	1,200	14	2
Irvine ...	3,440	33	2
Kilwinning Burgh ...	2,502	28	1
Kilwinning Landward ...	2,280	22	2
Largs ...	2,920	30	2
Maybole ...	1,200	18	2
Prestwick ...	3,337	28	2
Saltcoats ...	4,500	32	5
Skelmorlie ...	976	9	2
Springside ...	2,032	25	1
West Kilbride	1,171	10	2

Logan ceased 16/2/65.

Netherthird ceased 22/4/65.

Efforts continued in preventive social work with families, problems mainly met were rent arrears, hire purchase debts and bad home management. During the year 100 families were visited for marital difficulties, rent, H.P. and electricity arrears. Preventive work of this kind requires intensive social work and the Department has not yet the resources to tackle the problems adequately.

Section 37.—Registration of Homes for Disabled Persons and Old People.

The Church of Scotland Home, Dunselma, Fenwick ; South Beach House, Ardrossan ; Haylie House, Largs ; Davidson Home, Girvan ; Rosemount, Stanecastle ; Cubrieshaw Hall, West Kilbride ; these provide for the care of the aged and Red Cross House, Largs which provides care and training for severely disabled young people, are registered under this Act.

Section 47.—Removals to suitable premises of persons in need of care and protection.

No compulsory removals were carried out during 1965.

Section 48.—Temporary protection for property of persons admitted to Hospitals, etc.

During the year one request was made for the services of the Local Authority.

F.—MISCELLANEOUS SERVICES.

(1) Nursing Homes Registration (Scotland) Act.

There is one registered Nursing Home, having a total accommodation for 12 medical cases.

(2) Nurseries and Child Minders Regulation Act, 1948

Recently there has been established a number of playgroups and morning nursery schools. These are situated mainly in the north area of the County ; there are several such centres in Prestwick, Troon, West Kilbride and Irvine with single centres in Mauchline, Dundonald and Skelmorlie. The premises where it is proposed to hold these nursery schools are visited by a medical

officer and if the hygiene and safety factors are approved a certificate of Registration is issued by the County Council under the Nurseries and Child Minder's Act, 1948.

(3) Health Education

Members of the medical staff gave a number of evening talks on various health subjects to voluntary organisations during the winter months. These groups included Youth Fellowships, Woman's Guilds, Men's Associations and the like. Other organisations were addressed by arrangement with speakers from the Scottish Council for Health Education.

Films were shown to pupils in some of the Senior Secondary Schools and these were supplemented by talks by the Assistant Medical Officers of the schools concerned. These films included such subjects as "Be Clean and Healthy", "The Story of Menstruation" and a "Modern Guide to Health." Where appropriate copies of a descriptive booklet were distributed to the girls of the schools concerned.

The services of Dr. G. G. Murphy, Medical Lecturer of the Scottish Council for Health Education were obtained for a few days at the special request of a number of schools who wished further talks from him. These arrangements were made with some difficulty in view of the Lecturer's heavy commitments elsewhere but indicated the interest and appreciation taken in the subject matter and presentation of the talks.

Following a conference in Glasgow towards the end of the previous year a Dental Health Month was held during the month of March. The basis of the project consisted of film shows to primary school children, the display of suitable posters in all primary schools and clinics and supplementary talks by Dental Officers wherever possible. A supply of the booklet 'Teaching Dental Health' was purchased and copies issued to schools in order that interested teachers could make use of the material to give a talk on oral hygiene.

The campaign was initiated by a letter from the Medical Officer of Health and the Chief Dental Officer to the parent of every primary pupil in which their attention was drawn to the need for dental care and a good standard of oral hygiene. The rules to be followed to achieve this end were emphasised. This was followed up by talks with appropriate films to young mother's groups and parent-teacher's associations. A certain amount of oral hygiene instruction was given at routine medical and dental inspections, although this is normal procedure.

In all over 50 schools with a combined roll of 16,000 pupils attended the film shows.

(4) Accidents in the Home

During the year 84 accidents were reported by the District Nurses : 43 males and 41 females were affected.

The greatest incidence occurred in the under 2 age group with 42 cases. The 2-5 age range accounted for 24 and children between 5-15 contributed 5 cases. 13 accidents involving adults were reported ; 4 of them were males and 9 females. Of these 1 male and 2 females were over 80 years of age, 1 male and 3 females between 50-65 and 2 males and 4 females between 15-50 years.

Of the 84 accidents reported, burns and scalds accounted for 59, 7 adults and 52 children were affected. Falls responsible for bruising, lacerations and fractures numbered 15, 5 adults and 10 children were concerned. 4 children swallowed tablets or other noxious substances in poisonous doses though they recovered after treatment in hospital. One child was asphyxiated and 5 other accidents resulted from other causes.

The number of fatal accidents recorded was 5, comprising 3 males and 2 females. In one instance a child was asphyxiated by overlaying when taken into bed with the mother and three other young children who were in the same bed. Burning accidents accounted for 3 of these fatalities and a fall resulted in the death of a woman over 85 years of age. The burning accidents concerned two elderly male and female cases and a child of 4.

Eighteen of all these accidents were classified as serious and in 12 instances the victim required hospital treatment, 4 adults and 14 children were affected. Included in this category was a case of a woman being splashed with boiling fat when the pan went on fire and she attempted to throw the contents outside sustaining burns to her arm in the process. Another instance involved a woman when a loose cardigan she was wearing caught the handle of a teapot as she moved away from the stove causing scalding of leg and foot. A child of 3 had severe burns when her nightdress became ignited when standing in front of an unprotected fire. A child of five was badly burned when he switched on an electric fire and grasped one of the bars; he required prolonged treatment in hospital and several skin-grafting operations. Several instances of children pulling cups of tea or kettles off tables and stoves when their parent's back was turned contributed to the dismal total of preventable accidents.

The large proportion of accidents due to burns and scalds affecting young children points to the vital necessity of exercising constant care in the preparation and serving of hot liquids in the home ; many of these children were injured by cups of tea or hot water from one source or another being spilt when the atten-

tion of adults was diverted. The flexes of electric kettles and the lack or temporary removal of fire guards were frequent factors in the causation of many of the accidents reported. Insufficiently protected electric fires, hot irons left within the reach of young children and the retention of defective hot water bags or bottles were responsible agents in some cases.

Popular medicines such as aspirin, iron tablets, headache powders and the like are in most homes. Since they are in such common use and cause no ill effects in normal circumstances they are often regarded as harmless. They do, however, represent a constant danger to children if they are not kept out of reach in a locked cupboard. The poisonous effect of such tablets is frequently demonstrated by the number of child fatalities reported. Happily in the cases included in this report all the children recovered after treatment.

The kitchen is often the source of scalding accidents, when cooking is in progress. The mother's attention is usually absorbed in these activities and if children are present there are many objects of a dangerous nature to attract their natural curiosity and consequently accidents are likely to happen in such circumstances.

The scene is set for domestic accidents when children are left unattended even for brief periods. If fireguards are not in position or hot liquids are within their reach or medicines are not put safely away or if matches are left in accessible places the likelihood of an accident is greatly increased. Adults in charge of children must develop and maintain an alertness towards danger in the home. Thus such factors as trailing flexes, faulty electrical fittings and loose gas taps should receive immediate attention. Discarded toys should be removed from stairs and the floor area and be put away.

Casualties resulting from accidents in the home exceed those on the roads almost twofold. If this tragic total is to be reduced then everyone, especially those in charge of young children or the elderly must exercise constant vigilance. Nor must care be neglected by young active adults since an undue proportion of the mortality and morbidity occur in these age groups.

The Registrar General's return showed that 49 persons died as a result of domestic accidents during the year; this total comprised 20 males and 29 females. These figures compare with 21 males and 29 females in previous year.

The trend followed that of previous years in that a very large proportion of the fatal accidents occurred at the extremes of life; 6 deaths occurred in children under 5 and 33 over the age of 65. Among the elderly death in a large majority of cases was primarily

caused by falls resulting in fractures of the neck of the femur ; 4 deaths resulted from extensive burns and 2 from coal gas poisoning.

Old people due to failing power of observation and memory are liable to falls which frequently produce fractures of bones that have become brittle. The neck of the thigh bone is especially vulnerable in this respect and such a fracture is notoriously difficult to mend often requiring an open operation and internal splinting. The initial shock of such an accident or the length of time the patient has to spend in bed frequently lead to complications such as pneumonia which may accelerate declining powers of mind and body.

In order to minimise the risk of falls involving old people it is most important that every part of their dwelling should be well lighted and every care taken to ensure that floors and stairs should be kept clear of trailing flexes, loose mats and children's toys. Wherever necessary guide rails and other suitable aids should be provided and attention given to adequate fireguards and electrical heating equipment ; loose gas taps and other faulty fittings should be reported to the appropriate authority without delay.

The number of deaths due to asphyxia in infants emphasises the need for constant supervision by the mother during this vulnerable period in a child's life. If a pillow is used it should be of firm consistency and texture so that the child's head does not sink into it. Infants should never be left unattended in their prams and cots with a feeding bottle, ice-cream cone or other such article of food in their mouths. They should have the mother's constant attention while they are being fed and for some time afterwards in case the feed is regurgitated.

G.—GENERAL SANITATION.

General sanitation is dealt with fully in the Reports of the County Sanitary Inspector and the Sanitary Inspectors of the Burghs of Ardrossan, Cumnock, Darvel, Galston, Girvan, Irvine, Kilwinning, Largs, Maybole, Newmilns, Prestwick, Saltcoats, Stevenston, Stewarton and Troon.

TABLE I.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGHs.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Arbroath.</i>	<i>Cummock.</i>	<i>Burrel.</i>	<i>Galeton.</i>	<i>Girvan.</i>	<i>Irthel.</i>	<i>Kilwinning.</i>	<i>Larg.</i>	<i>Maybole.</i>	<i>Neumilns.</i>	<i>Prestich.</i>	<i>Salcraig.</i>	<i>Stevenston.</i>	<i>Stewarton.</i>	<i>Troon.</i>	<i>Total—Landward Area and small Burghs.</i>
Tuberculosis of Respiratory System.....							1										3
Tuberculosis, other forms.....									1								3
Syphilis and its sequelae.....																	1
Dysentery, all forms.....														1			1
Whooping Cough.....																	1
Meningococcal Infections.....																	—
Acute Polymyellitis.....																	1
Measles.....	2																1
Other Infections and Parasitic Diseases.....	2																4
Malignant Neoplasms.....	223	21	11	2	2	12	40	24	37	7	13	32	40	28	5	38	541
Malignant Neoplasms of respiratory system.....	53	4	1	—	2	3	13	8	7	1	1	7	8	5	2	7	122
Malignant Neoplasms of lymphatic etc. tissues.....	3					1	1	1	3	1	1	2	1			1	22
Other Malignant Neoplasms.....	162	14	10	2	6	8	26	15	27	6	11	23	31	23	3	30	397
Benign and Unspecified Neoplasms.....	5						1						2				7
Diabetes Mellitus.....	22	2			1	2	4	1	1	2	1	1	1			1	40
Anaemias.....	5		2														11
Other General Diseases.....	9			1			1		1		1	1	1				16
Vascular Lesions of Central Nervous System.....	248	14	8	5	14	22	26	19	40	17	5	34	31	29	9	25	546
Non-Meningococcal Meningitis.....	1											1					2
Other Diseases of Nervous System.....	16		1				1		1	2		1	1				23
Rheumatic Fever.....	22	2	1		1		1		3	1	1	1	2	2		1	38
Chronic Rheumatic Heart Disease.....																	
Arteriosclerotic Heart Disease: Coronary Disease.....	335	24	21	9	10	26	61	22	45	13	8	47	35	16	9	38	719
Degenerative Heart Disease.....	136	7	2	3	5	6	8	15	20	4	5	14	12	9	3	10	259
Other Diseases of Heart.....	18	2	1	1	2	3	4	3	3	2	2	2	1	3	2	2	45
Hypertensive Heart Disease.....	19		1		1	1	2	3	3	1			1	3	2	2	40
Other Hypertensive Disease.....	6	1	1			1	1	3	4	3	4	3	1	7	2	2	18
Other Circulatory Disease.....	41	3	3	6	1	3	4	3	3	1		7	1		2	2	93
Influenza.....	5																7
Pneumonia (except of newborn).....	21	2				3	3	1	1	2	1		1	4	2	4	50
Bronchitis.....	55	4	2	3	1	4	3	3	3	1	2	4	2	9	1	3	107
Other Respiratory Diseases.....	22				1		5	1	2		1	1		1		2	36

TABLE I.—Continued.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGH8—Continued.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Ardsman.</i>	<i>Cumnock.</i>	<i>Darrel.</i>	<i>Galtan.</i>	<i>Girvan.</i>	<i>Irvine.</i>	<i>Kilwinning.</i>	<i>Large.</i>	<i>Maybole.</i>	<i>Nervins.</i>	<i>Preswick.</i>	<i>Sallicoar.</i>	<i>Stevenson.</i>	<i>Stroom.</i>	<i>Total—Landward Area and Small Burghs.</i>
Ulcer of Stomach and Duodenum	3	1	2	—	1	1	—	2	—	—	2	3	3	1	1	22
Appendicitis	4	—	—	—	—	1	—	—	2	—	—	1	—	—	2	6
Intestinal Obstruction and Hernia	3	—	—	—	—	1	—	—	—	—	—	1	—	—	—	10
Gastritis and Duodenitis Enteritis etc. (except Diarrhoea of newborn)	2	2	—	—	—	—	2	1	1	—	—	1	—	—	1	9
Cirrhosis of Liver	5	—	—	—	—	—	1	1	1	—	—	1	—	—	—	11
Other Diseases of Liver	6	—	—	—	—	—	2	1	—	—	—	1	—	—	—	10
Other Digestive Diseases	4	1	—	—	—	—	1	1	—	1	—	1	—	1	—	10
Nephritis and Nephrosis	7	—	1	1	—	—	—	—	2	—	—	1	—	—	—	10
Hyperplasia of Prostate	7	2	—	—	—	—	1	—	1	—	—	1	—	—	—	17
Infections of Kidney	19	—	—	—	—	—	—	—	1	1	—	2	2	—	2	24
Other Diseases of Genito Urinary System	7	—	—	—	—	—	—	—	—	1	—	—	—	—	1	9
Deliveries and Complications of Pregnancy	1	—	—	—	—	1	—	1	2	—	—	—	—	—	—	1
Diseases of Skin and Organs of Locomotion	7	—	—	—	—	—	1	1	—	—	—	—	—	—	—	11
Congenital Malformations of Nervous System etc.	8	2	1	—	—	—	—	1	—	—	—	—	—	—	—	12
Congenital Malformations of Circulatory System	6	2	—	—	—	—	1	1	—	—	—	—	1	—	2	14
Other Congenital Malformations	8	—	—	—	—	1	—	1	—	1	—	—	1	—	—	12
Birth Injuries, Post-Natal Asphyxia etc.	15	1	—	—	—	—	1	1	—	—	2	—	3	1	1	20
Infections of newborn	4	—	—	—	—	—	—	1	—	—	—	—	1	—	—	7
Other Diseases of Early Infancy etc.	10	—	—	—	—	—	2	1	3	1	—	1	4	1	1	25
Senility without mention of Psychosis	7	—	2	—	—	—	3	—	3	—	—	—	2	—	—	12
Ill-defined and Unknown Causes	10	3	1	—	—	—	3	1	1	—	1	2	—	—	1	23
Motor Vehicle Accidents	21	—	1	—	1	2	3	—	2	1	—	4	—	—	—	41
Other Road Vehicle Accidents	—	—	—	—	1	1	1	1	5	—	—	3	1	1	3	40
Accidents in the home	25	3	—	2	1	1	1	1	1	—	—	—	—	—	—	33
Other Violence	16	5	—	—	1	3	2	—	1	2	1	—	—	—	1	14
Suicide and self-inflicted injuries	5	—	—	1	—	2	2	—	1	—	—	—	—	—	—	—
ALL CAUSES	1,428	104	62	34	49	94	194	106	101	64	50	173	171	123	150	3,032

TABLE II.

Births and Deaths in the County and Burghs.

Area.	County—	Estimated Population.	Area in Acres.	Deaths at Sub-joined Area.					Mortality from Sub-joined Causes.														All Other Causes					
				At all Ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 Years and Upwards.	Syphilis.	Dysentery.	Whooping-Cough.	Cerebro-Spinal Fever.	Poliomyelitis.	Measles.	Other Infectious	Diabetes.	Maternal Deaths.	Digestive Diseases.	Pulmonary.	Tuber- culous Diseases	Pneumonia except of New born.	Bronchitis.		Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System	Violence. (Excluding Suicide)
	Landward	129,604	702,852	2,526	53	7	9	1,359	1	—	1	—	—	2	22	1	27	2	2	21	55	5	223	265	577	62	161	
	Burghs—																											
	Ardrossan.....	9,531	887	190	4	104	6	94	—	—	—	—	—	—	—	—	4	—	2	—	—	—	21	14	39	8	10	
	Cummock.....	5,746	492	89	1	62	1	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	9	30	1	7	
	Darvel.....	3,191	454	53	—	34	—	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	19	2	3	
	Galston.....	3,975	286	72	—	49	—	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	14	20	3	1	
	Girvan.....	6,208	487	97	—	94	—	91	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	22	40	6	3	
	Irvine.....	19,370	1,791	423	9	194	4	185	—	—	—	—	—	—	—	—	6	1	3	3	7	1	40	27	81	6	18	
	Kilwinning.....	7,521	531	169	1	106	5	101	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	19	43	2	8
	Largs.....	8,779	1,213	95	2	191	3	189	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	41	80	16	16
	Maybole.....	4,645	392	81	2	64	3	61	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	19	24	1	7
	Newmilns.....	3,443	636	55	2	50	2	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	5	20	1	5
	Prestwick.....	12,729	1,036	202	4	173	3	163	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	36	74	7	9
	Saltcoats.....	14,225	969	324	2	271	2	163	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40	32	59	4	17
	Stevenson.....	10,789	860	274	5	123	9	111	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	29	33	5	10
	Stewarton.....	3,478	572	62	5	39	3	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	4	16	1	2
	Troon.....	9,922	2,827	157	4	150	4	146	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38	25	57	6	11
	County-Landward and Small Burghs	253,156	715,785	4,869	105	14	14	2,899	1	1	1	—	—	—	4	40	1	78	3	3	50	107	7,541	671	1,212	123	288	

TABLE III.

Density of Population, Birth Rate, Infantile and Other Death Rates.

Area.	Persons to the Acre.	Birth Rate.	Maternal Mortality Rate (per 1000 births including still-births).	Still-Birth Rate (per 1,000 Births, including Still-Births).	Deaths under 1 Year of Age per 1,000 Births.	The Principal Zymotic Diseases.											Tuberculous Diseases.		Violence.					
						All Causes.	Syphilis.	Dysentery.	Whooping Cough.	Cerebro-Spinal Fever.	Poliomylitis.	Measles.	Other Infections.	Diabetes.	Digestive Diseases.	Pulmonary.	Non-Pulmonary.	Pneumonia except of New born.		Bronchitis.	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.
County—	0.18	10.5	0.4	21	21	11.0	0.01	—	0.01	—	—	0.01	0.02	0.17	0.21	0.02	0.02	0.16	0.42	0.03	1.72	2.04	4.45	0.48
Landward.....	10.7	10.9	—	20	31	10.9	—	—	—	—	—	—	—	0.21	0.42	—	—	0.21	0.42	—	2.20	1.47	4.00	0.84
Small Burghs—	11.6	15.5	—	17	11	10.8	—	—	—	—	—	—	—	—	0.35	—	—	—	0.35	—	0.61	1.56	5.22	0.17
Ardsunan.....	7.0	16.6	—	65	—	10.6	—	—	—	—	—	—	—	—	0.25	0.25	—	—	0.25	—	0.61	1.56	5.05	0.61
Cumnock.....	14.0	18.1	—	20	21	12.3	—	—	—	—	—	—	—	0.25	0.32	—	—	0.48	0.41	—	2.01	8.52	5.03	0.76
Darvel.....	12.7	15.6	—	20	21	15.1	—	—	—	—	—	—	—	0.32	0.32	—	—	0.15	0.36	0.05	1.93	3.54	6.44	0.97
Galston.....	10.8	21.8	—	21	30	10.0	—	—	—	—	—	—	—	0.21	0.31	0.05	—	0.13	0.30	—	2.08	1.39	4.18	0.31
Glvan.....	14.1	22.4	—	6	20	14.1	—	—	—	—	—	—	—	0.13	0.30	—	—	0.13	0.30	—	3.19	2.53	5.72	0.27
Irvine.....	7.2	10.8	—	21	31	21.8	—	—	—	—	—	—	—	0.11	0.34	—	—	0.11	0.34	—	4.21	4.67	0.11	0.91
Kilwinning.....	11.8	17.4	—	24	37	13.9	—	—	—	—	—	—	—	0.43	0.22	—	—	0.43	0.22	—	1.51	4.09	5.17	0.22
Largs.....	5.4	15.8	—	35	36	14.5	—	—	—	—	—	—	—	0.29	0.58	—	—	0.29	0.58	—	3.78	1.45	5.81	0.29
Maybole.....	12.2	15.0	—	19	15	13.6	—	—	—	—	—	—	—	0.08	0.47	—	—	0.31	0.31	—	2.51	2.83	5.81	0.55
Newmilns.....	14.7	22.8	—	6	22	12.0	—	—	—	—	—	—	—	0.14	0.56	—	—	0.14	0.35	0.07	2.81	2.25	4.15	0.28
Preatwick.....	12.5	25.4	—	18	33	11.4	—	—	—	—	—	—	—	0.37	0.86	—	—	0.37	0.83	—	2.60	2.60	3.06	0.40
Saltcoats.....	6.1	17.8	—	74	48	11.2	—	—	—	—	—	—	—	—	0.86	—	—	0.58	0.20	—	1.44	2.50	4.00	0.29
Stevenston.....	4.2	15.8	—	25	25	15.1	—	—	—	—	—	—	—	0.10	0.40	—	—	0.10	0.30	—	3.83	2.52	5.76	0.60
Stewarton.....	0.35	19.2	0.02	21	22	11.8	0.004	0.004	0.004	0.004	—	0.004	0.02	0.16	0.31	0.01	0.01	0.20	0.42	0.03	2.14	2.20	4.79	0.45
Troon.....																								
Landward and Small Burghs																								

TABLE IV.

Infantile Mortality

	Deaths	Rate per 1,000 Births
(1) Classified According to Age Groups :—		
Under 4 weeks	84	17.0
Under 1 year	105	22.0
(2) Classified According to Causes of Death :—		
Tuberculosis	—	—
Whooping Cough	1	0.2
Measles	—	—
Meningococcal Infections	—	—
Influenza	—	—
Pneumonia (except in Newborn)	5	1.0
Gastritis, Etc. (except Diarrhoea of New- born)	—	—
Congenital Malformations	30	6.2
Birth Injuries, Post-Natal Asphyxia and Atelectasis	26	5.3
Other Diseases peculiar to Early Infancy	25	5.1
Infections of Newborn	7	1.4
Accidents in the Home	5	1.0
All other Causes	6	1.2

TABLE V.
Infectious Diseases—Year 1965.

Number of Cases coming to the Knowledge of the Medical Officer of Health and accepted by him as Suffering from Disease stated.

County—	Anthrax.	Cerebro-Spinal Fever.	Diphtheria and Membranous Croup.	Dysentery.	Encephalitis Lethargica.	Bacterial Fever. Para- typhoid—B	Erysipelas.	Food Poisoning.	Jaundice, Acute Infective.	Malaria.	Pneumonia, Acute Influenzal.	Pneumonia, Acute Primary.	Poliomylitis, Acute.	Puerperal Fever.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Scarlet Fever.	Respiratory.	Non- Respiratory.	Whooping Cough.
Landward.....	—	1	—	3	—	4	1	—	—	—	—	59	—	—	—	—	20	23	9	2
Small Burghs—	—	—	—	36	—	—	—	—	—	—	—	7	—	—	—	—	—	2	2	—
Ardrossan	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—
Cumnock	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—
Darvel	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	3	1	1	—
Galston	—	—	—	—	—	—	—	—	—	—	—	15	—	—	—	—	2	1	1	—
Girvan	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	—	1	4	1	—
Irving	—	—	—	2	—	—	—	—	—	—	—	3	—	—	—	—	1	6	1	—
Kilwinning	—	—	—	13	—	—	—	—	—	—	—	2	—	—	—	—	1	6	1	—
Largs	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	1	—
Maybole	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	1	—
Newmilns	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	—
Prestwick	—	—	—	8	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—
Saltonats	—	—	—	7	—	—	—	—	—	—	—	5	—	—	—	—	3	2	1	—
Stevenston	—	—	—	3	—	—	—	—	—	—	—	6	—	—	—	—	—	1	1	—
Stewarton	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	2	1	—
Troon	—	—	—	4	—	2	—	—	—	—	—	4	—	—	—	—	—	—	—	—
Landward and Small Burghs	—	1	—	78	—	7	1	—	—	—	—	113	—	—	—	—	31	60	21	2

TABLE VI.

Principal Infectious Diseases Confirmed Monthly in the County and Small Burghs.

Diseases.	Jan	Feb.	Mar.	April.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Cases.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Group	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	3	8	6	12	6	12	15	4	6	3	—	3	78
Erysipelas	—	—	—	—	—	—	—	—	1	—	—	—	1
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	4	1	3	2	1	2	2	1	3	7	3	2	31
Jaundice, Acute Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid, Paratyphoid, and Continued Fevers	—	—	2	2	—	—	2	1	—	—	—	—	7
Pneumonia	23	11	13	15	5	6	8	6	—	10	5	8	110
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	1	—	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Pulmonary	8	2	7	9	5	4	8	2	3	5	3	4	60
Non-Pulmonary	—	—	2	2	5	—	—	2	4	—	2	4	21
TOTAL	38	23	33	42	22	24	35	16	17	25	13	21	309

TABLE VIII.—TUBERCULOSIS—STATISTICAL RETURNS, 1965.

Part 1.—Respiratory Tuberculosis.

(a) Number of Cases formally Notified or regarded as Notified during the year.

	<i>Age Groups.</i>								<i>Total.</i>
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>
Males.....	—	5	4	1	4	4	6	4	3
Females....	1	—	1	5	7	7	4	4	1
TOTAL.....	1	5	5	6	11	11	10	8	4

(b) Number of Cases confirmed to be Suffering from Active Respiratory Tuberculosis during the year (excluding transfers in by another Authority).

Age Groups.

	<i>Age Groups.</i>								<i>Total.</i>
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>
Male.....	—	5	4	1	4	3	6	4	3
Female....	1	—	1	5	7	7	4	4	1
TOTAL.....	1	5	5	6	11	10	10	8	4

(c) Number of New Cases in Table (b) admitted to Hospital for Tuberculosis Treatment for the first time during the year.

	<i>Under 15 Years.</i>	<i>15 to under 45.</i>	<i>45 and over.</i>	<i>Total.</i>
Male.....	5	7	10	22
Female	2	19	8	29
TOTAL.....	7	26	18	51

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS).

(d) Number of Patients Admitted to, Discharged from or Dying in Tuberculosis Hospitals, Sanatoria or Wards in other Hospitals reserved for the Treatment of the Tuberculous.

	<i>In Hospital on 1st January.</i>	<i>Admitted during year.</i>	<i>Discharged during the year.</i>	<i>Died in Hospital.</i>	<i>In Hospital on 31st December.</i>
Under 15 years	<div> <div>Male.....</div> <div>Female.....</div> </div> <div>2</div> <div>—</div>	<div>5</div> <div>2</div>	<div>6</div> <div>1</div>	<div>—</div> <div>—</div>	<div>1</div> <div>1</div>
15-45 years	<div> <div>Male..</div> <div>Female.....</div> </div> <div>10</div> <div>10</div>	<div>9</div> <div>30</div>	<div>15</div> <div>33</div>	<div>—</div> <div>—</div>	<div>4</div> <div>7</div>
45 years and over	<div> <div>Male.....</div> <div>Female.....</div> </div> <div>7</div> <div>1</div>	<div>16</div> <div>9</div>	<div>17</div> <div>9</div>	<div>1</div> <div>—</div>	<div>5</div> <div>1</div>
TOTAL.....	30	71	81	1	19

(e) Number of Patients Dying from Respiratory Tuberculosis in Hospital Accommodation other than that Reserved for Tuberculous Patients.

Nil.

WAITING LIST.

(f) Number on Waiting List for Admission to Hospital at 31st December (Respiratory Tuberculosis).

Nil.

PART II.—NON-RESPIRATORY TUBERCULOSIS.

(g) Number of Cases formally Notified or regarded as Notified as Suffering from Non-Respiratory Tuberculosis during the year.

	Age Groups.									
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	Total.
Males.....	—	—	—	—	2	3	—	1	3	9
Females...	—	—	1	—	1	1	2	1	6	12
TOTAL.....	—	—	1	—	3	4	2	2	9	21

(h) Number of Cases Notified, or Intimated, Confirmed to be Suffering from Active Non-Respiratory Tuberculosis during the year (excluding Transfers in by another Authority).

Age Groups.

Form.	Sex.	Under 1.										Total.
		1 and 5.	5 and 15.	15 and 25.	25 and 35.	35 and 45.	45 and 55.	55 and 65.	65 and upwards			
1. Abdominal.	Males...	—	—	—	—	—	—	—	—	—	—	
	Females	—	—	—	—	—	—	—	2	—	2	
2. Meningeal.	Males...	—	—	—	—	—	—	—	—	—	—	
	Females	—	1	—	—	—	—	—	—	—	1	
3. Miliary Tuberculosis	Males...	—	—	—	—	—	—	—	—	—	—	
	Females	—	—	—	—	—	—	—	—	—	—	
4. Bones and Joints.	Males...	—	—	—	—	1	—	—	1	—	2	
	Females	—	—	—	—	—	—	—	—	2	2	
5. Superficial Glands	Males...	—	—	—	2	—	—	—	1	—	3	
	Females	—	—	—	1	1	2	1	2	—	7	
6. Genito Ur'ry Organs	Males...	—	—	—	—	2	—	1	1	—	4	
	Females	—	—	—	—	—	—	—	—	—	—	
7. Other Organs.	Males...	—	—	—	—	—	—	—	—	—	—	
	Females	—	—	—	—	—	—	—	—	—	—	
	TOTAL...	—	1	—	3	4	2	2	9	—	21	

PART III.—ANALYSIS OF TUBERCULOSIS DEATHS.

(i) Return of Number of Persons who Died from Tuberculosis in the Area during the year ended 31st December, 1965, with the period elapsing between Notification or Intimation and Death.

(Persons dying in Sanatoria, etc., are included in the figures for the area in which they had their home residence.)

		Respiratory.		Non-Respiratory.	
		Males.	Females.	Males.	Females.
Number of Persons who Died from Tuberculosis—					
Of whom—					
Not notified or notified only at or after Death	...	2	—	1	1
Notified less than 1 month before Death	...	—	—	—	—
Notified from 1 to 3 Months before Death...	...	—	—	—	—
Notified from 3 to 6 Months before Death...	...	—	—	—	—
Notified from 6 to 12 Months before Death...	...	—	—	—	—
Notified from 1 to 2 Years before Death	...	—	—	—	—
Notified over 2 Years	...	—	1	—	—
Total	...	2	1	1	1

PART IV.—THE TUBERCULOSIS REGISTER.

(j) Return of Number of Persons Resident in the Area at 31st December, 1965, who were known to be Suffering from Tuberculosis.

(Only Cases in which a Diagnosis of Tuberculosis has been confirmed have been included. Persons in Sanatoria, etc., are included in the figures for the Area in which they have their Home Residence.)

Age Groups.											
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	Total.
1. Respiratory.....	Males...	—	7	34	39	114	126	50	86	55	511
	Females	—	2	34	76	172	124	50	26	5	489
2. Non-Respiratory....	Males...	—	1	8	7	15	18	7	2	5	63
	Females	—	1	5	8	17	18	4	6	13	72

TABLE IX.

OUT-PATIENT CLINICS.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
SCHOOL CLINICS—		
Girvan—Wesley Place.....	Third Friday.	2 p.m.
Maybole—Carrick Home...	First Friday.	2 p.m.
Dalry—High School.....	Third Monday.	2 p.m.
Kilbirnie—Nurses' Home...	First Monday.	2 p.m.
CHILD WELFARE CENTRES—		
Aunbank—4 Mauchline Rd.	First and Third Mondays.	2 p.m.
Ardrossan—Central Avenue	Every Wednesday and Friday.	2 p.m.
Auchinleck—97 Back Rogerton Crescent.....	Second and Fourth Fridays.	2 p.m.
Beith—Strand.....	First and Third Tuesdays.	2 p.m.
Catrine—Well Road.....	First and Third Fridays.	2 p.m.
Coylton—Community Centre.....	Second Tuesday.	2 p.m.
Crosshouse—Gatehead Rd.	First and Third Tuesdays.	2 p.m.
Cumnock—Millbank.....	First and Third Wednesdays.	2 p.m.
Dailly—Community Centre	Second and Fourth Wednesdays.	2 p.m.
Dalmellington— Hopes Avenue	Second and Fourth Thursdays.	2 p.m.
Bellsbank Church Hall...	First and Third Thursdays.	2 p.m.
Dalry—James Street.....	Every Tuesday.	2 p.m.
Darvel—Lesser Town Hall	First and Third Fridays.	2 p.m.
Dreghorn—Local Welfare Office.....	Second and Fourth Tuesdays.	2 p.m.
Drongan—57 Hannahston Avenue	First and Third Tuesdays.	2 p.m.
Dundonald—Montgomerie Hall.....	Third Monday.	2 p.m.
Fairlie—Nurso's Home.....	First Thursday.	2 p.m.
Galston—Henrietta Street.	First and Third Wednesdays.	2 p.m.
Girvan—Wesley Place.....	Every Tuesday.	2 p.m.
Hurlford—Academy Street.	Second and Fourth Wednesdays.	2 p.m.
Irvine— Bank Street.....	Every Monday.	2 p.m.
Waterside Street.....	Every Thursday.	2 p.m.
Surgery, 9 Frew Terrace.	Second and Fourth Fridays.	2 p.m.
Kilbirnie—Nurses' Home...	Every Wednesday.	2 p.m.
Kilmaurs—Sec. School.....	First and Third Fridays.	2 p.m.
Kilwinning—Ladyford Av..	Every Thursday.	2 p.m.

TABLE IX.—*Continued.*
OUT-PATIENT CLINICS.—*Continued.*

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
CHILD WELFARE CENTRES—		
Largs—Moorburn Road....	Second and Fourth Mondays.	2 p.m.
Lugar—Logan Church Hall	Second and Fourth Mondays.	2 p.m.
Mauchline—Sorn Road.....	Second and Fourth Fridays.	2 p.m.
Maybole—Carrick Home...	First and Third Wednesdays.	2 p.m.
Monkton—Carvick-Webster Hall.....	First Monday.	2 p.m.
Muirkirk—Glasgow Road...	First and Third Mondays.	2 p.m.
Netherthird—22 Black- faulds Road.....	Second and Fourth Wednesdays.	2 p.m.
New Cumnock—The Glebe	First and Third Thursdays.	2 p.m.
Newmilns—Ayr Rd.....	Second and Fourth Mondays.	2 p.m.
Ochiltree—Gallowlea Ave..	Second Thursday.	2 p.m.
Patna—27 Dalvennan Ave.	Second and Fourth Mondays.	2 p.m.
Prestwick—Boyd Street...	Every Tuesday.	2 p.m.
Saltcoats—Campbell Ave...	Every Tuesday.	2 p.m.
" Campbell Avenue.....	First and Third Thursdays.	2 p.m.
Springside—Welfare Inst...	First and Third Wednesdays.	2 p.m.
Stevenston—The Cross.....	Every Monday.	2 p.m.
Stewarton—Avenue Square	Second and Fourth Fridays.	2 p.m.
Tarbolton—36 Montgomery Street.....	Second and Fourth Wednesdays.	2 p.m.
Troon—41 Barassie Street	Every Thursday.	2 p.m.
West Kilbride—Masonic Hall.....	Second and Fourth Fridays.	2 p.m.
ANTE-NATAL CLINICS—		
Ardrossan—Central Avenue	Every Thursday.	10 a.m.
Cumnock—Millbank.....	Every Tuesday.	2 p.m.
Irvine—Bank Street.....	Every Monday.	10 a.m.
Kilbirnie—Nurses' Home..	Every Friday.	10.30 a.m.
Largs—Moorburn Road....	Every Thursday.	2 p.m.
Maybole—Carrick Home...	Every Tuesday.	10.30 a.m.
Prestwick—Boyd Street...	Every Friday.	10 a.m.
Troon—41 Barassie Street	Every Monday.	2 p.m.
ORTHODONTIC CLINICS—		
Prestwick—Boyd Street...	Every Wednesday and Friday.	9 a.m.- 4 p.m.
Ardrossan—Central Avonuo	Every Tuesday.	10 a.m.- 12.30 p.m.
Kilmarnock—Grammar School.....	Every Thursday.	10 a.m.- 12.30 p.m.

MEDICAL INSPECTION OF SCHOOL CHILDREN

1964-1965

Year ended 31st July, 1965

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I.—STAFF.

Reference is made to List of Staff shown on page 10.

II.—GENERAL STATISTICS

Population of the Area (at 31st December, 1964, as estimated by the Registrar-General)	347,400
Number of Schools— (1964-65)	
(a) Primary Schools under Education Authority ...	103
(b) Secondary Schools under Education Authority	
(1) Secondary Schools	31
(2) High Schools	10
(3) Senior Secondary Schools	12
(c) (1) Special Schools	14
(2) Special Classes in Ordinary Schools	1
(3) Nursery Schools	5
(4) Nursery Classes in other Schools	—
(d) In receipt of Grant from Education Authority under Medical Inspection	1
Average Number of Children on the Registers	60,506
Average Number of Children in Attendance	56,331

III.—SANITARY CONDITIONS OF SCHOOLS.

The Medical Officers on their visits to schools inspect the sanitation and any matters requiring attention are brought to the notice of the appropriate Official. In general the cleanliness of the schools was found to be satisfactory.

IV.—ORGANISATION AND TREATMENT.

School Nurses attend at the medical inspection and subsequently are supplied with a list of the cases to be followed up at home. They keep a register compiled from these lists and report where treatment is given and the condition remedied. The School Nurses also visit the schools between the School Medical Officers' inspections. The number of children visited at home during the year was 3,973 and the total number of visits paid was 4,537.

(a) System of School Medical Inspection and Arrangements for Follow-up.

The pupils examined at routine inspections were :—

- (1) All entrants and children not previously subjected in school to detailed routine inspections.
- (2) Children born in 1955.
- (3) Children born in 1951.
- (4) Children born in 1948.
- (5) Children born in 1957 (visual acuity and hearing only).

The existing system of health supervision in schools by means of routine medical inspection is preferred to the alternative method of selective examinations. It is felt that continuous supervision is to a large extent achieved by adherence to the existing principle as each medical officer works in a defined area and has a group of schools under her charge. Experience has shown that each medical officer can adequately cover the volume of work required and that this is facilitated by a satisfactory relationship with teachers, nurses, family doctors and parents.

The larger schools are visited at least once a month throughout the session and the smaller schools, though visited less frequently, provide an ample source of information about any child whose state of health has given rise to concern.

Before every routine visit to a school the Head Teacher is asked to produce for special medical examination any pupil who appears to suffer from any physical or mental disability and who has not received or is not receiving appropriate attention. All children found defective at previous examinations are also re-examined.

Each child's medical history in the shape of a questionnaire completed by the parent is available to the school medical officer as is the medical record card containing where appropriate the results of previous routine inspections.

Detailed examinations are carried out at each routine inspection and the testing of vision and hearing form part of the examination of entrants, the hearing test being done by the Audiometrician.

The administrative procedure described above applies also to pupils attending schools in Ayr and Kilmarnock where the examinations are carried out by the medical staff of the Burghs concerned. Particulars regarding children who may require special medical or educational treatment are forwarded to the Chief School Medical Officer.

(b) Presence of Parents at Inspections

The presence of parents is encouraged at school medical inspections by direct invitation. This attendance is especially desirable at the entrants stage and at the final examination prior to the child's leaving school. Further information may then be made available to the medical officers or defects indicated to the parents of which they may have been previously unaware. The attention of the family doctor can then be directed to the condition at an early stage with more satisfactory prospects of prevention or cure. A high proportion of parents attend at the entrants examination but the numbers fall away sharply at subsequent examinations; the total number who attended during the year was 4.776.

(c) Early Ascertainment of Defects

(1) Defects of Vision.

For the fifth consecutive year all school entrants were examined during their first term for squints and refractive errors. Where defects were found cases were referred without delay for Specialist examination at local clinics or re-examined by the School Medical Officer later in the session (see Table 2).

(2) Defects of Hearing.

Each school was visited at least once during the year by the Audiometrician who examined as a routine measure, all children who entered school in February and September, 1964. Those found defective were referred to the Ear, Nose and Throat Clinic administered by the Hospital Board where a further audiometric test was done and a clinical examination carried out by the Otologist. The Audiometrician is in attendance at these clinics and performs the hearing test.

In the opinion of the Audiometrician routine testing is not reliable at an earlier age. Individual cases suspected to have a hearing loss by the School Teacher or the School Medical Officer are, of course, included in her examinations.

(d) Colour Vision Testing

During the year colour vision testing of boys between the ages of 12-15 was carried out. In all 2177 pupils were examined; of these 141 or 6.47% were found to have defects. None of this group was completely colour blind but all suffered from a varying degree of red/green deficiency. The test material used was the Ishihara Test Plates. All children found defective were, by arrange-

ment with Dr. W. O. G. Taylor, Consultant Ophthalmologist, referred to his clinic for further investigation and assessment. In appropriate cases the Youth Employment Officer of the Ministry of Labour was advised so that the child would be placed in suitable employment.

(e) Medical Accommodation in Schools

A comprehensive survey on the above was included in the previous year's report.

(f) Medical and Nursing Staff Engaged in Medical Inspections in Schools

The equivalent of 5 whole time medical officers and 13 school health visitors were assigned to a school population of 60,000, giving a ratio of one medical officer to 12,000 school children and one health visitor to 4,600. Ayr and Kilmarnock staffs and schools are included.

V.—THE FINDINGS OF MEDICAL INSPECTION.

(a) Routine.

The number of children examined was 17,074, of whom 2,746 or 17 per cent. suffered from some defect. Of these 2,255 or 13 per cent. of the children examined suffered from minor defects or ailments, from which recovery was expected in a few weeks, and 413 or 2 per cent. suffered from defects less remediable, but from which complete recovery or restoration of function was ultimately anticipated. The number suffering from defects where improvement only could be expected was 78 or 1 per cent. of those examined.

The following is a summary showing the various defects and the percentage found defective at Routine Inspections.

(1) Clothing.

Thirteen children were found to have unsatisfactory clothing, 0.08 per cent. of the children examined.

(2) Footgear.

Eight children were found to have unsatisfactory footgear, 0.05 per cent. of the children examined.

(3) Cleanliness.

(a) Head.—The number of children found to have dirty or verminous heads was 52 or 0.30 per cent. of those examined.

(b) Body.—The number of children found to have dirty or verminous bodies was 37 or 0.22 per cent.

(4) Skin.

(a) Head.—The following were found to be suffering from skin diseases of the head :—

Ringworm	5 children or 0.03 per cent.
Impetigo	3 children or 0.02 per cent.
Other diseases	95 children or 0.56 per cent.

(b) Body.—The following skin conditions affecting the body were found :—

Ringworm	6 children or 0.04 per cent.
Impetigo	5 children or 0.03 per cent.
Scabies	14 children or 0.08 per cent.
Other diseases	361 children or 2.11 per cent.

(5) Nutritional State.

One hundred and eighty-three children were found to be suffering from slightly defective nutrition and 36 from bad nutrition, being respectively 1.07 and 0.21 per cent. of the children examined.

(6) Mouth and Teeth.

Four hundred and sixty children were suffering from unhealthy conditions of the mouth and teeth, 2.69 per cent. of the children examined.

(7) Nasopharynx.

(a) Nose.—Apart from cases requiring further observation, 49 children or 0.29 per cent. of those examined showed obstruction, probably due to adenoids requiring operation.

(b) Throat.—Apart from cases requiring further observation, 210 children or 1.23 per cent. of those examined were found to have tonsils which required operative treatment.

(c) Glands.—Enlarged Glands requiring further observation were found in 171 or 1.00 per cent. of the children examined, while 7 children or 0.04 per cent. had Glands requiring operation.

(8) Eyes.

Infective conditions of the lids or conjunctiva were found in 168 children or 0.98 per cent. of those examined.

Corneal Opacities were found in 2 or 0.01 per cent. of the children.

Squint affected 209 children or 1.06 per cent.

Visual Acuity.—Vision was examined in entrants. Of those in the routine age groups 271 or 1.59 per cent. had defective vision requiring refraction. 5,308 children in the seven-year-old group were examined in addition to entrants. Of these 202 were found to require refraction.

(9) Ears.

Otorrhoea or discharge from the ears affected 26 children or 0.15 per cent.

Defective hearing was present in 20 children or 0.11 per cent. Thirteen were classified in Grade I. Deafness—that is children who can be educated in the ordinary school without special provision, and eight in Grade II. (a) Deafness—that is children who can make satisfactory progress in ordinary schools if given some help, e.g., favourable position in class, individual hearing aid or tuition in lip-reading.

(10) Speech.

Of the children examined 93 or 0.54 per cent. suffered from defective articulation and 21 or 0.12 per cent. from stammering.

(11) Mental and Nervous Conditions.

Two children or 0.01 per cent. were found to be educable mental defectives.

Other mental or nervous conditions affected 80 or 0.47 per cent. of the children examined.

(12) Circulatory System.

Ninety-two children were found to be suffering from organic heart disease, comprising 0.54 per cent. of the children examined. Of these 76 were Congenital and 16 Acquired.

(13) Lungs.

The number of children suffering from chronic bronchitis was 28 or 0.16 per cent. of those examined.

There were referred to the Area Chest Physician as suspected cases of Tuberculosis, seven children or 0.04 per cent of those examined.

Other diseases of the Lungs affected 177 children or 1.04 per cent.

(14) Deformities.

Deformities dating from birth affected 146 children or 0.86 per cent.

Deformities due to poliomyelitis affected 14 children or 0.08 per cent.

Deformities probably due to Rickets affected 5 children or 0.03 per cent.

Deformities due to other causes, for instance flat feet, affected 60 children or 0.35 per cent.

(15) Infectious Diseases.

There were discovered 10 cases of Infectious Disease, 0.06 per cent. of the children examined.

(16) Other Diseases or Defects.

860 Children or 5.03 per cent. of those examined were affected.

(b) Special Examinations.

Of the 492 special cases examined, 208 were found defective and were notified to parents as requiring treatment. The following is a list of the defects found :—

(1) Unsatisfactory Clothing	4
(2) Unsatisfactory Footgear	3
(3) Cleanliness—	
Head—Dirty, Nits or Vermin	15
Body—Dirty, Nits or Vermin	9
(4) Skin—	
Head—Ringworm	—
Impetigo	1
Other Diseases	13
Body—Ringworm	—
Impetigo	1
Scabies	1
Other Diseases	22

(5) Nutritional State—

Slightly Defective	14
Bad	1

(6) Mouth and Teeth Unhealthy 29**(7) Nose—**

Obstruction requiring observation	10
Obstruction (probably Adenoids) requiring operation	4
Other Conditions	28

Throat—

Tonsils requiring observation	19
Tonsils requiring operative treatment	1

Glands—

Requiring observation	4
Requiring operative treatment	—

(8) Eyes—**External Diseases—**

Blepharitis	7
Conjunctivitis	—
Corneal Opacities	1
Squint	22
Other Diseases	2

Visual Acuity—

Defective Vision (for Refraction)	22
---	----

(9) Ears—

Otorrhoea	2
Other Diseases	10

Defective Hearing—

Grade I.	16
Grade IIa.	—
Grade IIb.	—
Grade III.	1

(10) Speech—

Defective Articulation	12
Stammering	8

(11) Mental and Nervous Conditions—

Backward	—
Dull (Intrinsically)	13
Mental Defective (Educable)	78
Mental Defective (Ineducable)	21
Highly Nervous	8
Difficult Behaviour	11

(12) Circulatory System—**(a) Organic Heart Disease—**

Congenital	4
Acquired	—

(b) Functional Conditions 1**(13) Lungs—**

Chronic Bronchitis	2
Suspected Tuberculosis	—
Other Diseases	4

(14) Deformities—

Congenital	11
Acquired (Poliomyelitis)	2
Acquired (probably Rickets)	—
Other Causes	12

(15) Infectious Diseases 1**(16) Other Diseases or Defects** 44**VI.—ARRANGEMENTS FOR MEDICAL TREATMENT.****(a) Minor Ailments.**

There are School Clinics at Saltcoats, Kilbirnie, Dalry, Irvine, Maybole, Girvan, Hurlford, Ayr and Kilmarnock attended by the whole-time Medical Officers. The School Nurses at these Centres assist.

The number of children examined by the medical staff at the Clinics was 1041. Recurrent visits brought the total attendances to 1,715. The following is a list of the defects found :—

(1) Cuts, Bruises, Sprains and Minor Injuries, etc ...	149
(2) Diseases of the Ear, largely cases of Otorrhoea ...	35
(3) Diseases of the Eye, principally Conjunctivitis and Blepharitis	36
(4) Diseases of the Skin. (This figure comprises 2 cases of Ringworm of Body, 35 cases of Impetigo, 11 cases of Scabies and 64 cases involving other diseases of the Skin)	112
(5) Other Diseases (including cases of non-attendance brought to Clinics on recommendation of Attendance Officers)	155

(b) Defective Vision.

During the session the examination of children with defective vision was continued under arrangements made with the Regional Hospital Board. Regular Clinic sessions were held at Ayr, Kilmarnock, Ardrossan, Prestwick, Irvine, Hurlford, Kilbirnie and Cumnock; occasional sessions at Girvan, Dalmellington and Netherthird. They were attended by members of the staff of the Regional Hospital Board working under Dr. W. O. G. Taylor, the Board's Consultant Ophthalmologist for the area.

Opticians attended at certain Clinic sessions to measure and fit those children for whom spectacles had been prescribed by the Ophthalmic Specialist. The Regional Hospital Board is responsible for these arrangements.

Spectacles were prescribed where necessary. The following is a summary of the cases seen for the period :—

Number of Clinics held	321
Number of Children Examined	4,873
Number of Children Prescribed Spectacles	1,883

(c) Specialist Treatment.

I am indebted to the Matron of Seafield Sick Children's Hospital, Ayr, for the following figures of children seen and treated at that Hospital during the year under review :—

Surgical Department—

Number of Clinics held	50
Number of Children Examined	1,171
Number of Theatres held	124
Number of Children Operated on (209 emergency)	971

Medical Department—

Number of Clinics held	112
Number of Children Examined	4,457
Number of Admissions	561

Ear, Nose and Throat Department—

Number of Theatres held	252
Number of Children Operated on	3,320
Number of Cases Examined at Clinics	5,329

Orthopaedic Department—

Number of Clinics held	114
Number of Children Examined	7,004
Number of Children recommended for Remedial Exercises—	
Out-Patient	466
In-Patient	380
Number of Children Operated on	330
Number of Children put in Plaster of Paris	585

Plastic Department—

Number of Patients Admitted	221
Number of Clinics held	49
Number of Theatres held	65

(It is necessary for some patients to be several times in Theatre).

(d) Audiometric Testing.

Miss J. B. Thomson, Audiometrician, reports as follows:—

In all 7,768 children of all ages were tested in schools in the year ending 31st July, 1965.

(a) Children who entered school in February and September, 1964	5,777
(b) Children absent at previous test	362
(c) Children of any other age thought to have a hearing defect	377
(d) Re-tests—Children showing defect at previous test	1,252
	<hr/>
	7,768
	<hr/>

In group (a) above, of the 5,777 children tested, 5,250 had normal hearing and 527 had a defect in either one or both ears. The 527 defective children were classified as follows:—

Grade 1—429	Grade IIa—95	Grade IIb—3.
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Figures and classifications of groups b, c and d, will be found in the accompanying table.

All totally deaf (Grade III) children of school age in Ayrshire are receiving special education in schools for the deaf, viz :—

Mary Hare Grammar School	2
Donaldson's School for the Deaf, Edinburgh	1
Glasgow School for the Deaf	15
St. Vincent's School, Glasgow	4
	—
	22
	—

There are 54 severely deaf (Grade IIb) children attending schools in Ayrshire. Of these, 13 are able with the help of a hearing aid, and a suitable position in Class to make progress in the ordinary school. 39 attend West Park School for Hard of Hearing. The parents of one boy and one girl prefer to have their children attend the local school.

In the past year, 12 children have been fitted with hearing aids at the Hearing Aid Clinic at Ayr. The position with regard to hearing aids is as follows :—

(a) No. of children wearing Hearing Aids at 1st August 1964	84
(b) No. of children supplied with Hearing Aids during School Session 1964-1965	12
(c) No. of Pre-school children wearing Hearing Aids ...	2
(d) No. of children at (a) who left school during session 1964-65	18
(e) No. of children wearing Hearing Aids at 31st July, 1965	78

Of the 215 children referred to Ear, Nose and Throat clinic from Schools, 201 attended, and subsequently received treatment and operation when necessary from the Ear, Nose and Throat Surgeon.

In addition to her work in Ayrshire, the Audiometrician also tests children attending schools in the County of Wigtown and Stewartry of Kirkcudbright.

RESULTS OF GRAMOPHONE AND PURETONE AUDIOMETRIC TESTS IN ALL SCHOOLS IN AYRSHIRE. Year Ending 31st July, 1965.

Group.	No. of Children Listed.	No. of Children Tested.	No. of Children Normal.	No. of Children Defective.	Grade.				No. of Children referred to E.N.T. Clinic.	No. of Children referred to Hearing Aid Clinic.	Retests.		
					I	Ila.	Ilb.	III.			No. of Children now		
					(Education in Ordinary School.)	(Education in School with Hearing-Aid.)	(Education in Special School.)	(Education in Residential Special School.)			Normal.	Sh. Imp.	Deterioration.
Children entered School February and September, 1964 ...	6,256	5,777	5,250 90.87%	527 9.15%	429 7.42%	95 1.68%	3 0.05%	—	88 1.5%	—	—	—	—
Children Born in 1963 (Absent at previous test) ...	431	362	342	20	17	3	—	—	1	—	—	—	—
Children of any other age thought to have a Hearing Defect ...	404	377	267	110	81	29	—	—	33	—	—	—	—
Retests. Children showing defect at previous test	1,487	1,252	501	751	482	232	37	—	93	—	501	148	92

RESULTS OF PURETONE AUDIOMETRIC TESTS AT EAR, NOSE AND THROAT CLINICS, SEAFIELD HOSPITAL, AYR, AND AYRSHIRE CENTRAL HOSPITAL, IRVINE.

Children attending E.N.T. Clinic (New Cases) ...	—	466	149	317	163	148	3	3	195	5	—	—	—
Retests ...	—	497	193	304	157	134	10	3	6	7	193	117	27

VII.—DENTAL INSPECTION AND TREATMENT

Report by the Chief Dental Officer.

The year under review has been one of steady improvement in the dental service with the exception of the staffing situation which still leaves much to be desired. Although the number of Dental Officers increased from 9 to 10 this is still four below establishment. The recruitment of Dental Officers is the crux of the problem and every effort must be made to attract suitable personnel.

Because of the staff shortage the modified inspection routine noted in last year's report was continued. Fewer inspection sessions are required and this allows more time to be spent on treatment.

During the "Dental Health Month" held in March, 1965, we participated mainly by means of film shows, and talks to children and to a lesser extent, parents. Ten films and three projectors were used and approximately 20,000 pupils received a film show appropriate to their age group. Valuable assistance as projectionists, was given during the course of the month by the Civil Defence Staff.

A survey was carried out by a Dental Officer of the Home and Health Department before and after the campaign in order to assess any improvement in oral hygiene. This showed that the percentage of children with a good standard of oral hygiene rose from 26% before the campaign to 35% afterwards. Those whose oral hygiene was assessed as bad, fell from 9% to 5%. In my opinion this improvement can only be maintained by regular reminders to both children and their parents. This is necessary to counter the pressures of modern advertising by the sweet and biscuit manufacturers who are very often aided in school by the "tuck shop".

The equipment trailer, designed and built by the Transport Department came into service in April and has been most successful. It enables full-size surgery equipment comprising a dental chair, spittoon, cabinet, air rotor, operating lamp etc., to be moved from school to school. The interior is fitted with racks and clamps to ensure the safety of the equipment in transit.

In the field of orthodontics, the demand for treatment continues to rise, but because of the shortage of staff, a limit may have to be imposed, restricting the time spent on this type of treatment to a reasonable proportion.

Our Orthodontic Consultant, Mr John Houston, continues to visit the county at monthly intervals, to give advice or to undertake the treatment of the more difficult cases.

Mobile clinics continue to be an essential feature of our scheme. At many schools it would be impossible to carry out our functions without them, due to the lack of suitable accommodation within school premises. If recruits are forthcoming it will be necessary to consider the acquisition of an additional mobile clinic.

During the period under review 126 half days were devoted to inspection and 3229 half days to routine treatment. The high proportion of time spent on treatment is due in the main to the modified inspection routine.

I would once again end by acknowledging the assistance given by Head Teachers and their staffs, particularly during the "Dental Health Month."

VIII.—SPECIAL SCHOOLS AND CLASSES, INCLUDING OPEN-AIR SCHOOLS.

(1) St. Leonard's Home School, Ayr.

Day pupils were conveyed daily by motor transport from and to their own homes. The number so dealt with was 79, of these 71 are mentally handicapped children and 8 are physically handicapped children.

St. Leonard's Home has 12 physically handicapped children resident, and these are taught in the Physically Handicapped Class.

There are thus on the school roll 20 physically handicapped and 71 mentally handicapped children.

(2) Park School, Kilmarnock.

There are on the roll of this school 99 mentally handicapped children and 7 physically handicapped children.

(3) James Reid School, Saltcoats.

This school has 84 mentally handicapped children on the roll.

(4) Courthill School, Dalry.

This school has 21 mentally handicapped children on the roll.

(5) Cronberry School, Cumnock.

There are 47 mentally handicapped children on the roll of this school.

(6) Wallaceton Works School, by Maybole.

This school has accommodation for 40 mentally handicapped children. There are 31 on the school roll.

(7) Pennyvenie School, Dalmellington.

This school has 44 mentally handicapped children on the roll.

(8) Special Class, Eglinton District School, Kilwinning.

Thirty-six mentally handicapped children attend this special class.

(9) Riccarton School (Occupational Centre), Kilmarnock.

This Centre accommodates children who are mentally handicapped to such a degree that they cannot benefit from education in a Special School but are trainable. The number at present on the roll is 38.

(10) Coyle School (Occupational Centre).

This Centre provides training for severely mentally handicapped children from the Ayr district. Twenty-four children are on the roll.

(11) Craigbank Occupational Centre, Saltcoats.

This Training Centre accommodates severely mentally handicapped children from the Ardrossan, Saltcoats, Kilwinning area. Twenty-three children are on the roll.

(12) Garrallan School, Cumnock (Occupational Centre).

There are 15 children accommodated at this centre which serves the Cumnock area.

(13) Dailly Occupational Centre.

This centre is accommodated in the Community Centre, Dailly, and provides training for eight severely mentally handicapped children in the Maybole/Girvan Area.

(14) West Park School for the Hard of Hearing, Kilmaurs.

There are 39 children suffering from Grade IIb. Deafness on the roll of this school. In view of the distance from their homes six children are boarded at St. Leonard's Home School, Ayr, and they are taken to school daily with the others by special conveyance.

(15) Other Institutions.

At 31st July, 1965, there were in Institutions :—

Mary Hare Grammar School for the Deaf, Newbury	2
Donaldson's School for the Deaf, Edinburgh	1
Glasgow School for the Deaf	15
St. Vincent's School for the Blind and Deaf, Glasgow	4
Condoover Hall School, Shrewsbury, Shropshire	1
Royal Blind School, Edinburgh	13
Moor House School, Surrey	1
Westerlea School for Spastics, Edinburgh	1
Scotsraig School for Spastics, Paisley	11
Coltness House School, Wishaw	2
Trefoil School for Physically Handicapped Children...	2
Colony for Epileptics, Bridge of Weir	2
East Park Home for Infirm Children, Largs	3
Stanmore House Lanark	5
Merchison House, Linwood, Lanark	1
Waverley Park Certified Institution, Kirkintilloch	1
Dunlop House	11
St. Joseph's Certified Institution, Rosewell, Midlothian	4
Birkwood Institution, Lesmahagow	10
Royal Scottish National Institution, Larbert	11
Camphill Rudolph Steiner School, Aberdeenshire	1
St. Charles Institution, Carstairs Junction	1
Strathore Institution, Thornton, Fife	3
Caldwell House Institution, Lugton	5
Lendrick Muir School, Perthshire	1

IX.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN

(a) Accommodation

During Session 1964/65 four new Primary Schools were opened, Bellfield Primary, Kilmarnock ; St. Ninian's Primary, Prestwick ; Newmilns Secondary ; Hayock's Primary, Stevenston.

In all schools there is a section of the Hall reserved for Physical Education lessons and modern apparatus has been installed. Dressing and washing facilities have been provided.

(b) Staffing

The supply of men Gym Teachers is keeping pace with withdrawals but the position in the ladies staffing is critical.

As previously stated — fewer men are teaching in Primary Schools, but ladies returning to teaching are helping to improve this situation.

(c) Swimming

(1) Kilmarnock Baths are used to capacity every school day by pupils from the Kilmarnock Area.

(2) Outdoor pools are used in various towns where facilities are provided in Summer Term only.

(3) 'Learn to Swim Week' was supported by pupils in all available areas and members of the Physical Education Staff assisted.

(d) Camp Schools

Eight Residential Sessions of two weeks duration each, took in all schools in Ayrshire. The Camps at Glengonnor and West Linton were both used.

(e) Personal Hygiene

Beginning in the Nursery School and continuing right through to the Senior Secondary School every effort is made to train the pupils in healthy habits. This entails the co-operation of teachers of all categories.

(f) Resuscitation—Expired Air Method

As well as the AMBU manikin, Kiss of Life trainers have been issued to centres in the County and all schools are now issued with this trainer as new equipment.

(g) Other Activities

Adventure Training and Leisure Time pursuits have become an integral part of at least 10 schools—during the school hours. Five other schools are actually involved in such activities as an extra curriculum subject.

X.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

Milk and Meals Supplied to School Children.

The number of children who took advantage of the Milk-in-Schools Scheme was 47,551.

Meals were supplied to 21,465 children. Of this number 133 were partial remission cases and 6,437 were on a reduced charge for pupils of the same household. 3,726 children were supplied with free meals.

XI.—THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

The following tables show the number examined and the physical condition of the children under the respective headings :

TABLE I.

(a) Total Number of Children Examined at—

Primary and Secondary Schools—	Systematic Examinations
Nursery School Children	406
Entrants	6,187
Children Born in 1957 (Visual Acuity only)	5,308
Children Born in 1955	4,612
Children Born in 1951	4,875
Senior Secondary Schools—	
Children Born in 1948	994
Total	22,382

(b) Other Examinations—

Special Cases	492
Re-Examination—Number Examined	865
Treatment Completed	546
Receiving Treatment	236
On Waiting List for Treatment	32
Condition Unchanged—Under Observation	51
Total	1,357

(c) The Number of Individual Children Inspected at Systematic Examinations who were Notified to Parents as requiring Treatment :—

Nursery School Children	72
Entrants	925
Children Born in 1957 (Visual Acuity only)	817
Children Born in 1955	375
Children Born in 1951	422
Children Born in 1948	69
Total	2,680

(d) Average Heights and Weights :—

<i>Group Examined.</i>	<i>Sex.</i>	<i>No. Exam.</i>	<i>Average Age Months.</i>	<i>Average Height Inches.</i>	<i>Average Weight Pounds.</i>
Nursery School Children	Male	23	49·4	39·0	38·8
	Female	8	51·0	40·0	38·3
Entrants	Male	818	65·4	43·9	41·6
	Female	683	65·5	43·3	43·0
Children Born in 1955	Male	361	116·0	52·6	59·1
	Female	323	116·7	52·2	57·9
Children Born in 1951	Male	595	162·8	61·3	103·4
	Female	642	159·9	59·0	99·1
Children Born in 1948	Male	170	197·7	67·3	133·3
	Female	141	188·9	64·0	124·0

TABLE II.
SCHOOL MEDICAL SERVICE—SYSTEMATIC EXAMINATIONS.

Nature of Defect.	Nursery School Children.		Entrants.		1955		1951		1948		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number examined	230	176	3,167	3,020	2,321	2,291	2,398	2,477	515	479	8,631	8,443	17,074
1. Clothing—													
Unsatisfactory	—	—	4	6	—	2	1	—	—	—	5	8	13
Percentage	—	—	0.13	0.20	—	0.09	0.04	—	—	—	0.06	0.09	0.08
2. Footgear—													
Unsatisfactory	—	—	1	1	1	—	2	1	—	2	4	4	8
Percentage	—	—	0.03	0.03	0.04	—	0.08	0.04	—	0.42	0.05	0.05	0.05
3. Cleanliness—													
(a) Head—													
Dirty, Nits or Vermin...	—	1	8	10	2	16	4	11	—	—	14	38	52
Percentage	—	0.57	0.25	0.33	0.09	0.70	0.17	0.44	—	—	0.16	0.45	0.30
(b) Body—													
Dirty or Verminous	—	—	4	6	3	6	14	2	2	—	23	14	37
Percentage	—	—	0.13	0.20	0.13	0.26	0.58	0.08	0.39	—	0.27	0.17	0.22

TABLE II.—Continued.
School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1955		1951		1948		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
4. Skin—													
Head—													
Ringworm	—	1	—	1	—	—	1	1	—	—	2	3	5
Percentage	—	0.57	—	0.03	—	—	0.04	0.19	—	—	0.02	0.04	0.03
Impetigo...	—	—	2	—	—	—	—	1	—	—	3	—	3
Percentage	—	—	0.06	—	—	—	—	0.19	—	—	0.03	—	0.02
Other Diseases	3	1	9	14	6	1	17	9	7	—	44	51	95
Percentage	1.30	0.57	0.28	0.46	0.26	0.04	0.71	1.13	1.46	—	0.51	0.60	0.56
Body—													
Ringworm	—	—	2	—	—	1	1	—	—	—	3	3	6
Percentage	—	—	0.06	—	—	0.04	0.04	0.08	—	—	0.03	0.04	0.04
Impetigo...	—	—	3	1	—	—	1	—	—	—	4	1	5
Percentage	—	—	0.09	0.03	—	—	0.04	—	—	—	0.05	0.01	0.03
Scabies ...	—	—	2	3	—	2	4	3	—	—	6	8	14
Percentage	—	—	0.06	0.10	—	0.09	0.17	0.12	—	—	0.07	0.09	0.08
Other Diseases	9	5	80	52	52	33	52	57	4	—	210	151	361
Percentage	3.91	2.84	2.53	1.72	2.24	1.44	2.17	2.30	0.83	—	2.43	1.79	2.11
5. Nutritional State—													
Slightly Defective...	7	3	39	31	26	25	26	21	2	—	101	82	183
Percentage	3.04	1.70	1.23	1.03	1.12	1.09	1.08	0.85	0.42	—	1.17	0.97	1.07
Bad ...	—	—	6	5	3	6	8	8	—	—	17	19	36
Percentage	—	—	0.19	0.17	0.13	0.26	0.33	0.32	—	—	0.20	0.22	0.21

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

<i>Nature of Defect.</i>	<i>Nursery School Children.</i>		<i>Entrants.</i>		1955		1951		1948		<i>All Ages.</i>		<i>Total at all Ages.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	
6. Mouth and Teeth—													
Unhealthy ...	21	10	135	120	42	42	39	50	1	—	238	222	460
Percentage ...	9.13	5.68	4.25	3.97	1.81	1.83	1.63	2.02	0.19	—	2.76	2.63	2.69
7. Nose—													
Obstruction requiring Observation ...	2	4	55	32	15	10	16	1	1	1	89	48	137
Percentage ...	0.87	2.27	1.73	1.06	0.65	0.44	0.67	0.04	0.19	0.21	1.03	0.57	0.80
Obstruction (probably Adenoids) requiring Operation ...	6	2	18	12	4	3	3	1	—	—	31	18	49
Percentage ...	2.61	1.14	0.57	0.40	0.17	0.13	0.13	0.04	—	—	0.36	0.21	0.29
Other Conditions ...	6	1	45	18	12	7	4	6	1	—	68	32	100
Percentage ...	2.61	0.57	1.42	0.60	0.52	0.31	0.17	0.24	0.19	—	0.79	0.38	0.59
Throat—													
Tonsils requiring Observation	15	15	207	160	50	65	48	38	4	8	324	286	610
Percentage ...	6.52	8.52	6.52	5.30	2.15	2.83	2.00	1.53	0.78	1.67	3.75	3.39	3.57
Tonsils requiring Operative Treatment ...	13	4	63	80	15	11	7	15	1	1	99	111	210
Percentage ...	5.65	2.27	1.98	2.65	0.65	0.48	0.29	0.60	0.19	0.21	1.15	1.31	1.23
Glands—													
Requiring Observation	13	6	84	32	12	11	6	6	—	1	115	56	171
Percentage ...	5.65	3.41	2.65	1.06	0.52	0.48	0.25	0.24	—	0.21	1.33	0.66	1.00
Requiring Operative Treatment ...	2	—	—	3	—	1	—	1	—	—	2	5	7
Percentage ...	0.87	—	—	0.10	—	0.04	—	0.04	—	—	0.02	0.06	0.04

TABLE II.—Continued.
School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1955		1951		1948		All Ages.		Total at all Ages.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
8. Eyes— External Diseases— Blepharitis ... Percentage ... Conjunctivitis ... Percentage ... Corneal Opacities ... Percentage ... Squint ... Percentage ... Other Diseases ... Percentage ...	3	—	43	27	19	18	20	28	1	1	86	74	160	
	1.30	—	1.35	0.89	0.82	0.78	0.83	1.13	0.19	0.21	1.00	0.88	0.94	
	—	—	4	2	—	—	2	—	—	—	6	2	8	
	—	—	0.13	0.07	—	—	0.08	—	—	—	0.07	0.02	0.05	
	—	—	—	1	—	—	1	—	—	—	1	1	2	
	—	—	—	0.03	—	—	0.04	—	—	—	0.01	0.01	0.01	
	8	2	90	59	19	12	10	8	—	1	127	82	209	
	3.48	1.14	2.84	1.95	0.82	0.52	0.42	0.32	—	0.21	1.47	0.97	1.22	
	—	—	12	7	3	7	5	2	1	—	21	16	37	
	—	—	0.38	0.23	0.13	0.31	0.21	0.08	0.19	—	0.24	0.19	0.22	
	Visual Acuity :— Fair ... Percentage ... Bad ... Percentage ... For Refraction ... Percentage ...	7	—	171	145	183	186	155	187	21	25	537	543	1,080
		3.04	—	5.39	4.80	7.88	8.12	6.46	7.54	4.08	5.22	6.22	6.43	6.33
—		—	47	35	47	45	71	78	9	14	174	172	346	
—		—	1.48	1.16	2.02	1.96	2.96	3.14	1.75	2.92	2.02	2.04	2.03	
1		—	55	44	32	37	44	52	2	4	134	137	271	
0.43		—	1.73	1.46	1.38	1.01	1.83	2.10	0.39	0.83	1.55	1.62	1.59	

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1955		1951		1948		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
9. Ears—													
Otorrhoea ...	3	1	7	5	2	2	3	2	1	—	16	10	26
Percentage ...	1.30	0.57	0.22	0.17	0.09	0.09	0.13	0.08	0.19	—	0.19	0.12	0.15
Other Diseases ...	1	—	3	4	3	1	—	—	—	—	7	5	12
Percentage ...	0.43	—	0.09	0.13	0.13	0.04	—	—	—	—	0.08	0.06	0.07
Defective Hearing—													
Grade I. ...	1	—	4	1	1	1	2	2	—	—	8	4	12
Percentage ...	0.43	—	0.13	0.03	0.04	0.04	0.08	0.08	—	—	0.09	0.05	0.07
Grade IIa. ...	—	—	1	2	1	2	2	—	—	—	4	4	8
Percentage ...	—	—	0.03	0.07	0.04	0.09	0.08	—	—	—	0.05	0.05	0.05
Grade IIb. ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Grade III. ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Speech—													
Defective Articulation ...	4	1	47	29	9	1	2	—	—	—	62	31	93
Percentage ...	1.74	0.57	1.48	0.96	0.39	0.04	0.08	—	—	—	0.72	0.37	0.51
Stammering ...	—	—	8	2	4	—	5	2	—	—	17	4	21
Percentage ...	—	—	0.25	0.07	0.17	—	0.21	0.08	—	—	0.20	0.05	0.12

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1955		1951		1948		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
11. Mental and Nervous Conditions—													
Backward ...	—	—	—	1	1	1	—	—	—	—	2	2	4
Percentage ...	—	—	—	0.03	0.04	0.04	—	—	—	—	0.02	0.02	0.02
Dull (Intrinsically) ...	—	—	1	2	1	—	1	—	—	—	2	3	5
Percentage ...	—	—	0.03	0.07	0.04	—	0.04	—	—	—	0.02	0.04	0.03
Mentally Defective													
(Educable) ...	—	—	1	1	—	—	—	—	—	—	1	1	2
Percentage ...	—	—	0.03	0.03	—	—	—	—	—	—	0.01	0.01	0.01
Mentally Defective													
(Ineducable) ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Highly Nervous ...	—	—	12	7	3	5	1	6	—	—	16	18	34
Percentage ...	—	—	0.38	0.23	0.13	0.22	0.04	0.24	—	—	0.19	0.21	0.20
Difficult in Behaviour ...	3	—	11	9	5	2	4	2	—	—	24	13	37
Percentage ...	1.30	—	0.35	0.30	0.22	0.09	0.17	0.08	0.19	—	0.28	0.15	0.22
12. Circulatory System—													
(a) Organic Heart Disease—													
Congenital ...	—	2	26	17	17	6	1	7	—	—	44	32	76
Percentage ...	—	1.14	0.82	0.56	0.73	0.26	0.04	0.28	—	—	0.51	0.38	0.45
Acquired ...	—	—	3	1	3	2	3	3	—	1	9	7	16
Percentage ...	—	—	0.09	0.03	0.13	0.09	0.13	0.12	—	0.21	0.10	0.08	0.09
(b) Functional Conditions													
Functional Conditions ...	11	—	18	23	13	7	8	18	—	1	50	49	99
Percentage ...	4.78	—	0.57	0.76	0.56	0.31	0.33	0.73	0.21	0.21	0.58	0.58	0.58

TABLE II.—Continued.
School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1955		1951		1948		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
13. Lungs—													
Chronic Bronchitis	1	1	8	3	6	3	2	3	—	1	17	11	28
Percentage	0.43	0.57	0.25	0.10	0.26	0.13	0.08	0.12	—	0.21	0.20	0.13	0.16
Suspected Tuberculosis	—	—	1	2	—	—	3	—	—	1	4	3	7
Percentage	—	—	0.03	0.07	—	—	0.13	—	—	0.21	0.05	0.04	0.04
Other Diseases	4	3	56	44	23	13	26	7	1	1	109	68	177
Percentage	1.74	1.70	1.76	1.46	0.99	0.57	1.08	0.28	0.19	0.21	1.26	0.81	1.04
14. Deformities—													
Congenital	3	6	49	33	21	10	8	11	1	4	82	64	146
Percentage	1.30	3.41	1.54	1.09	0.90	0.44	0.33	0.44	0.19	0.83	0.95	0.76	0.86
Acquired (Poliomyelitis)	—	—	—	3	5	1	3	1	—	1	8	6	14
Percentage	—	—	—	0.10	0.22	0.04	0.13	0.04	—	0.21	0.09	0.07	0.08
Acquired (probably Rickets)	1	—	1	1	—	1	—	—	—	1	2	3	5
Percentage	0.43	—	0.03	0.03	—	0.04	—	—	—	0.21	0.02	0.04	0.03
Acquired (Other Causes)	1	—	21	7	7	2	11	8	1	2	41	19	60
Percentage	0.43	—	0.66	0.23	0.30	0.09	0.46	0.32	0.19	0.42	0.48	0.22	0.35
15. Infectious Disease	2	—	4	1	—	—	1	2	—	—	7	3	10
Percentage	0.87	—	0.13	0.03	—	—	0.04	0.08	—	—	0.08	0.04	0.06
16. Other Diseases or Defects	37	4	289	185	134	87	67	45	5	7	532	328	860
Percentage	16.08	2.27	9.10	6.12	5.76	3.79	2.79	1.81	0.97	1.46	6.17	3.89	5.03

TABLE III.—SCHOOL MEDICAL SERVICE—SUMMARY OF SYSTEMATIC EXAMINATIONS.

	Nursery School Children.		Entrants.		1955		1951		1948		Total.	
	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.
Number examined	406	6,187	4,612	4,875	994	17,074						
1. Children Free from Defects...	326	80.29	4,760	76.64	4,092	88.39	4,276	87.66	874	87.92	14,328	83.1
2. Children otherwise Free from Defects who Suffer from—												
(a) Defective Vision not worse than 6/12 in the better Eye with or without Glasses, or	—	—	111	1.79	41	0.89	53	1.09	14	1.41	219	1.27
(b) Oral Sepsis, etc. ...	1	0.25	59	1.14	11	0.42	148	3.03	60	6.05	279	1.61
(c) Both (a) and (b) ...	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	1	0.25	170	2.93	52	1.31	201	4.12	74	7.46	498	2.8
3. Children suffering from ail- ments (other than those mentioned in 2) from which complete recovery is antici- pated within a few weeks...	68	16.75	973	15.67	367	7.93	317	6.50	32	3.22	1,757	10.19

TABLE III.—School Medical Service—Summary of Systematic Examinations—Continued.

	Nursery School Children.		Entrants.		1955		1951		1948		Total.	
	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.
Number examined	406		6,187		4,612		4,875		994		17,074	
4. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in 2 or 3, distinguishing cases—	10	2.46	254	4.09	78	1.68	65	1.33	6	0.60	413	2.39
	1	0.25	30	0.67	23	0.69	16	0.39	8	0.80	78	1.44
	11	2.71	284	4.76	101	2.37	81	1.72	14	1.40	491	3.83
Total												
Total Number of Children Examined	406	100%	6,187	100%	4,612	100%	4,875	100%	994	100%	17,074	100%

4. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in 2 or 3, distinguishing cases—

(a) Where complete cure or restoration of function (in the case of eye defect full correction) is considered possible

(b) Where improvement only is considered possible, e.g., without complete restoration of function

Total
Total Number of Children Examined

TABLE IV.

SCHOOL MEDICAL SERVICE—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

Disability.		At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
1. Blind	... ..	—	17	—	3	20
2. Partially Sighted—						
(a) Refraction errors in which the curriculum of an Ordinary School would adversely affect the Eye Condition ...		17	—	—	—	17
(b) Other conditions of the Eye, <i>e.g.</i> , Cataract, Ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school		10	—	—	—	10
3. Deaf—						
Grade I.		994	15	—	—	1,009
Grade IIa.		354	5	—	—	359
Grade IIb.		15	39	—	—	54
Grade III.		—	22	—	—	22

TABLE IV.—Continued.

School Medical Service—Return of all Exceptional Children of School Age in the Area—Continued.

Disability.	At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
4. Defective Speech—					
(a) Defects of Articulation requiring Special Educational Measures	164	—	—	—	164
(b) Stammering requiring Special Educational Measures ...	53	—	—	—	53
5. Mentally Defective (Children between 5 and 16 Years)—					
(a) Educable (I.Q., approx. 50-70)	69	426	—	7	502
(b) Ineducable (I.Q., generally less than 50)	1	116	60	12	189
6. Epilepsy—					
(a) Mild and Occasional	56	—	—	—	56
(b) Severe (suitable for care in a Residential School) ...	11	1	—	—	12
7 Physically Defective (Children between 5 and 16 Years)—					
(a) Non-Pulmonary Tuberculosis (excluding Cervical Glands)	14	—	—	—	14
(b) General Orthopaedic Conditions	140	41	10	3	194
(c) Organic Heart Disease	89	—	—	2	91
(d) Other Causes of Ill Health	26	—	—	—	26

TABLE V.—*Continued.*

Section II.—Details of Treatment.

	<i>School.</i>			<i>M. & C. W.</i>
	<i>Routine.</i> (1)	<i>Special</i> (2)	<i>Total Columns</i> (1) and (2) (3)	
(a) Fillings—				
(1) Permanent Teeth	13,518	622	14,140	3
(2) Deciduous Teeth	3,415	22	3,437	47
(b) Extractions (not including Orthodontic)—				
(1) Permanent Teeth	1,210	64	1,274	1
(2) Deciduous Teeth	5,860	79	5,939	39
Administrations of General Anaesthetic	—	—	—	—
Other Operations—				
Permanent Teeth ...	2,836	157	2,993	8
Deciduous Teeth... ..	2,109	32	2,141	90
Dentures—				
Partial	50	—	50	2
Full	1	—	1	6
Repairs to Dentures... ..	9	—	9	1
Radiographs—				
No. of Exposures ...	64	—	64	—
(not incl. Orthodontic)				

TABLE V.—*Continued.*Dental Services—*Continued.*

Section III.—Orthodontic Treatment.

Number of Cases continued from previous year.	619
New Cases	561
Cases Completed	324
Cases Discontinued	111
Cases continuing at end of year	745
Attendances for Treatment	6,808
Number of Consultations with R.H.B. Orthodontist	579

	<i>Regional Hospital Board Orthodontist</i>	<i>School Dental Surgeon.</i>	<i>Total.</i>
Number of Diagnostic Examinations—			
(Not followed by Treatment) ...	21	54	75
Number of Cases Treated —			
(a) Number of Removable Appliances fitted.	40	499	539
(b) Number of Fixed Appliances fitted.	8	—	8
Number of Extractions (not carious) —			
(1) Permanent Teeth	—	401	401
(2) Deciduous Teeth	—	363	363
Repairs to Orthodontic Appliances ...	—	36	36
Radiographs—Number of Exposures—			
(a) Intra-Oral	—	357	357
(b) Extra-Oral	—	7	7

TABLE V.—*Continued.*
Dental Services—*Continued.*
Section IV.—Dental Staff.

	<i>Dental Surgeons. (1)</i>	<i>Dental Hygienists. (2)</i>	<i>Dental Surgery Assistants. (3)</i>
Establishment of Posts Agreed by Council	14	—	14
Number in Post at 31st July, 1965—			
Whole-time	10	—	11
Part-time	—	—	—
Whole-time Equivalent of Part-time ...	—	—	—
Total Whole-time Equivalent	10	—	11
Number of Vacancies being Advertised	4	—	—

Dental Services — *Continued.*

Section V. — Allocation of Time.

	<i>Dental Surgeons. (1)</i>	<i>Dental Surgery Assistants. (2)</i>
Estimated No. of Half-days occupied in Inspection	126	—
Dental Health Education	39	—
Treatment (other than Orthodontic)	3241	—
Orthodontic Treatment	546	—
Dental Health Education	39	—
Administration	255	—
Absence Due to Illness	189	219
Miscellaneous	84	—
TOTAL	4480	—

